

Response to

State of Missouri  
Office of Administration

Solicitation/Opportunity No.:

**RFPS30034901600477**

**Alternatives to Abortion Program Services**

Submitted by:

**Nurses for Newborns**

March 28, 2016

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STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING (PURCHASING)  
REQUEST FOR PROPOSAL (RFP)

SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901600477  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 2/17/16

REQ NO.: NR 300 30006000002  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: Julie.Kleffner@oa.mo.gov

RETURN PROPOSAL NO LATER THAN: March 29, 2016 AT 2:00 PM CENTRAL TIME (END DATE)

VENDORS ARE ENCOURAGED TO RESPOND ELECTRONICALLY THROUGH [HTTPS://MISSOURIBUYS.MO.GOV](https://missouribuy.mo.gov) BUT MAY RESPOND BY HARD COPY (See Mailing Instructions Below)

MAILING INSTRUCTIONS: Print or type Solicitation/OPP Number and End Date on the lower left hand corner of the envelope or package. Delivered sealed proposals must be in the Purchasing office (301 W High Street, Room 630) by the return date and time.

RETURN PROPOSAL TO: (U.S. Mail) PURCHASING PO BOX 809 JEFFERSON CITY MO 65102-0809 or (Courier Service) PURCHASING 301 WEST HIGH STREET, RM 630 JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective Date of Contract through May 31, 2017

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Office of Administration  
Commissioner's Office  
State Capitol Building, Room 125  
Jefferson City MO 65101

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions Request for Proposal (Revised 10/19/15). The vendor further agrees that the language of this RFP shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri.

SIGNATURE REQUIRED

DOING BUSINESS AS (DBA) NAME Nurses for Newborns	LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO. Nurses for Newborns Foundation
MAILING ADDRESS 7259 Lansdowne Avenue	IRS FORM 1099 MAILING ADDRESS 7259 Lansdowne Avenue
CITY, STATE, ZIP CODE St. Louis, Missouri 63119	CITY, STATE, ZIP CODE St. Louis, Missouri 63119

CONTACT PERSON Melinda M. Ohlemiller, MA		EMAIL ADDRESS Melinda.Ohlemiller@nfaf.org	
PHONE NUMBER 314-544-3433		FAX NUMBER 314-544-3427	
TAXPAYER ID NUMBER (TIN) 431601329	TAXPAYER ID (TIN) TYPE (CHECK ONE) <input checked="" type="checkbox"/> FEIN <input type="checkbox"/> SSN	VENDOR NUMBER (IF KNOWN) 6534490	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt			
AUTHORIZED SIGNATURE 		DATE 3/23/2016	
PRINTED NAME Melinda M. Ohlemiller		TITLE Chief Executive Officer	

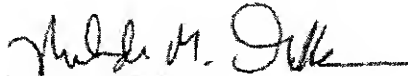
EXHIBIT ACERTIFICATION REGARDING COMPLIANCE WITH SECTION 188.325, RSMO

*Regarding performing, inducing, or assisting in the performing or inducing of or referring for abortions*

The vendor certifies, by submission of the proposal and by signing below, that the vendor is not an organization, or an affiliate of organizations, that "perform or induce, assist in the performing or inducing of or refer for abortions".

Melinda M. Ohlemiller, MA, CEO

Name and Title of Authorized Representative

  
Signature

3/23/2016

Date



EXHIBIT C

CERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Melinda M. Ohlemiller, MA, CEO

Name and Title of Authorized Representative



Signature

3/23/2016

Date

**EXHIBIT K****BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION,  
AND AFFIDAVIT OF WORK AUTHORIZATION****BUSINESS ENTITY CERTIFICATION:**

The vendor must certify their current business status by completing either Box A or Box B or Box C on this Exhibit.

- |               |   |
|---------------|---|
| <b>BOX A:</b> | To be completed by a non-business entity as defined below.  |
| <b>BOX B:</b> | To be completed by a business entity who has not yet completed and submitted documentation pertaining to the federal work authorization program as described at <a href="http://www.uscis.gov/e-verify">http://www.uscis.gov/e-verify</a> . |
| <b>BOX C:</b> | To be completed by a business entity who has current work authorization documentation on file with a Missouri state agency including Division of Purchasing.  |

**Business entity**, as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, is any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood. The term "business entity" shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term "business entity" shall include any business entity that possesses a business permit, license, or tax certificate issued by the state, any business entity that is exempt by law from obtaining such a business permit, and any business entity that is operating unlawfully without such a business permit. The term "business entity" shall not include a self-employed individual with no employees or entities utilizing the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

Note: Regarding governmental entities, business entity includes Missouri schools, Missouri universities (other than stated in Box C), out of state agencies, out of state schools, out of state universities, and political subdivisions. A business entity does not include Missouri state agencies and federal government entities.

**BOX A – CURRENTLY NOT A BUSINESS ENTITY**

I certify that N/A (Company/Individual Name) **DOES NOT CURRENTLY MEET** the definition of a business entity, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above, because: (check the applicable business status that applies below)

- I am a self-employed individual with no employees; **OR**
- The company that I represent employs the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

I certify that I am not an alien unlawfully present in the United States and if \_\_\_\_\_ (Company/Individual Name) is awarded a contract for the services requested herein under \_\_\_\_\_ (RFP Number) and if the business status changes during the life of the contract to become a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo then, prior to the performance of any services as a business entity, \_\_\_\_\_ (Company/Individual Name) agrees to complete Box B, comply with the requirements stated in Box B and provide the Division of Purchasing with all documentation required in Box B of this exhibit.

\_\_\_\_\_  
Authorized Representative's Name (Please Print)

\_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_  
Company Name (if applicable)

\_\_\_\_\_  
Date

**EXHIBIT K, continued**

*(Complete the following if you DO NOT have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box B, do not complete Box C.)*

**BOX B – CURRENT BUSINESS ENTITY STATUS**

I certify that N/A (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530.

\_\_\_\_\_  
Authorized Business Entity Representative's  
Name (Please Print)

\_\_\_\_\_  
Authorized Business Entity  
Representative's Signature

\_\_\_\_\_  
Business Entity Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-Mail Address

As a business entity, the vendor must perform/provide each of the following. The vendor should check each to verify completion/submission of all of the following:

- Enroll and participate in the E-Verify federal work authorization program (Website: <http://www.uscis.gov/e-verify>; Phone: 888-464-4218; Email: [e-verify@dhs.gov](mailto:e-verify@dhs.gov)) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;
- AND
- Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify federal work authorization program. Documentation shall include EITHER the E-Verify Employment Eligibility Verification page listing the vendor's name and company ID OR a page from the E-Verify Memorandum of Understanding (MOU) listing the vendor's name and the MOU signature page completed and signed, at minimum, by the vendor and the Department of Homeland Security – Verification Division. If the signature page of the MOU lists the vendor's name and company ID, then no additional pages of the MOU must be submitted;
- AND
- Submit a completed, notarized Affidavit of Work Authorization provided on the next page of this Exhibit.

EXHIBIT K, continuedAFFIDAVIT OF WORK AUTHORIZATION:

The vendor who meets the section 285.525, RSMo, definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now \_\_\_\_\_ N/A \_\_\_\_\_ (Name of Business Entity Authorized Representative) as \_\_\_\_\_ (Position/Title) first being duly sworn on my oath, affirm \_\_\_\_\_ (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that \_\_\_\_\_ (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided under the contract(s) for the duration of the contract(s), if awarded.

*In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)*

\_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
E-Verify Company ID Number

Subscribed and sworn to before me this \_\_\_\_\_ of \_\_\_\_\_, I am  
(DAY) (MONTH, YEAR)  
commissioned as a notary public within the County of \_\_\_\_\_, State of \_\_\_\_\_  
(NAME OF COUNTY)  
\_\_\_\_\_, and my commission expires on \_\_\_\_\_  
(NAME OF STATE) (DATE)

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Date

**EXHIBIT K, continued**

(Complete the following if you have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box C, do not complete Box B.)

**BOX C - AFFIDAVIT ON FILE - CURRENT BUSINESS ENTITY STATUS**

I certify that Nurses for Newborns (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo and have enrolled and currently participates in the E-Verify federal work authorization program with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri. We have previously provided documentation to a Missouri state agency or public university that affirms enrollment and participation in the E-Verify federal work authorization program. The documentation that was previously provided included the following.

- ✓ The E-Verify Employment Eligibility Verification page OR a page from the E-Verify Memorandum of Understanding (MOU) listing the vendor's name and the MOU signature page completed and signed by the vendor and the Department of Homeland Security - Verification Division
- ✓ A current, notarized Affidavit of Work Authorization (must be completed, signed, and notarized within the past twelve months).

Name of Missouri State Agency or Public University\* to Which Previous E-Verify Documentation Submitted: Office of Administration

(\*Public University includes the following five schools under chapter 34, RSMo: Harris-Stowe State University - St. Louis; Missouri Southern State University - Joplin; Missouri Western State University - St. Joseph; Northwest Missouri State University - Maryville; Southeast Missouri State University - Cape Girardeau.)

Date of Previous E-Verify Documentation Submission: 4/25/2012

Previous Bid/Contract Number for Which Previous E-Verify Documentation Submitted: C312062008  
(if known)

Melinda M. Ohlemiller

Authorized Business Entity Representative's  
Name (Please Print)

Melinda M. Ohlemiller

Authorized Business Entity  
Representative's Signature

Nurses for Newborns

Business Entity Name

3/23/2016

Date

Melinda.Ohlemiller@nfnf.org

E-Mail Address

199000

E-Verify MOU Company ID Number

**FOR STATE OF MISSOURI USE ONLY**

Documentation Verification Completed By:

J. K. Liffman  
Buyer

4-11-12  
Date

**EXHIBIT L**

**Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Nurses for Newborns

790714893

Company Name

DUNS # (if known)

Melinda M. Ohlemiller

Chief Executive Officer

Authorized Representative's Printed Name

Authorized Representative's Title



3/23/2016

Authorized Representative's Signature

Date

**Instructions for Certification**

1. By signing and submitting this proposal, the prospective recipient of Federal assistance funds is providing the certification as set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
3. The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective recipient of Federal assistance funds agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.
6. The prospective recipient of Federal assistance funds further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to check the List of Parties Excluded from Procurement or Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the DOL may pursue available remedies, including suspension and/or debarment.

## Pricing

**PRICING PAGE**

<b>GEOGRAPHIC REGION 6</b>		
<b>Item #</b>	<b>Description</b>	<b>Pricing</b>
<b>PROFESSIONAL CASE MANAGEMENT</b>		
71	Face-to-Face Professional Case Management	\$ <u>36.00</u> firm, fixed price per hour
72	Home Visit Professional Case Management	\$ <u>36.00</u> firm, fixed price per hour
73	Non Face-to-Face Professional Case Management	\$ <u>30.00</u> firm, fixed price per hour
<b>NON-PROFESSIONAL CASE MANAGEMENT</b>		
74	Face-to-Face Non-Professional Case Management	\$ <u>18.00</u> firm, fixed price per hour
75	Home Visit Non-Professional Case Management	\$ <u>18.00</u> firm, fixed price per hour
76	Non Face-to-Face Non-Professional Case Management	\$ <u>17.00</u> firm, fixed price per hour
<b>PRENATAL PARENT EDUCATION AND PARENTING SKILLS TRAINING</b>		
77	Prenatal Parent Education and Parenting Skills Training/Classes, per individual client	\$ <u>36.00</u> firm, fixed price per hour, per client
78	Prenatal Parent Education and Parenting Skills Training/Classes, more than one client in a group setting	\$ <u>36.00</u> firm, fixed price per hour, per group
<b>ESTABLISHING AND PROMOTING RESPONSIBLE PATERNITY TRAINING</b>		
79	Establishing and Promoting Responsible Paternity Training/Classes, per individual client	\$ <u>36.00</u> firm, fixed price per hour, per client
80	Establishing and Promoting Responsible Paternity Training/Classes, more than one client in a group setting	\$ <u>36.00</u> firm, fixed price per hour, per group
<b>HOUSING</b>		
81	Residential Care	\$ <u>85.00</u> firm, fixed price per day (maximum \$100)
82	Emergency Shelter Housing	\$ <u>60.00</u> firm, fixed price per day (maximum \$60)
83	Housing Assistance	\$ <u>600.00</u> guaranteed not-to-exceed price per client, per month (maximum \$600)
<b>ADMINISTRATIVE COST</b>		
84	Administrative Cost	<u>8</u> % firm, fixed percentage (maximum 8%)



## **Vendor Expertise And Reliability**

**EXHIBIT B****VENDOR INFORMATION**

The vendor should provide the following information about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted.

Nurses For Newborns (NFN) was established in 1992 by Sharon Rohrbach, an RN who was appalled by the increasing deaths of infants at St. Louis area hospitals. Sharon felt called to make a difference in the lives of infants by using a nurse home-visiting model that serves at risk populations in an effort to prevent infant mortality, child abuse and neglect. As well as providing medical care for infants NFN nurses began to connect families with other resources that are essential to the health of the infant, the family, and the community and began a series of programs to meet specific community needs. NFN began the Safe Beginnings program in 1992 to serve infants whose family members had a psychiatric diagnosis, and quickly created two more programs in 1993: Bridge to the Future (for medically fragile infants) and The Teen Parent Program. In 1997, Bright Futures was created to answer a growing need for services for families facing severe poverty and lack of access to care. In fiscal year 1998/1999 NFN joined the family of United Way agencies. In 2001, agency services were initiated in Nashville, Tennessee. In 2005, NFN joined the Maternal Child and Family Health Coalition in a federally funded initiative called Healthy Start in order to address health disparities in North St. Louis. In 2007 NFN began a five-year federal demonstration project called Health Hearts and Homes that linked nurse visitation with responsible fatherhood and healthy relationship services to prevent child maltreatment. With the assistance of the Sisters of Mercy, in 2009 the agency initiated services in Springfield Missouri. Also in late 2009, with the assistance of the Missouri Foundation for Health, NFN began its Health Literacy program that utilized mothers of two immigrant communities to enhance the language and cultural literacy of its home visiting services. In 2010 NFN was awarded CUHRP funding to pilot a demonstration research project in partnership with area universities and regional funding sources in order to enhance home safety for infants. NFN has been recognized for innovation and service quality throughout the agency's history. Perhaps most notably, the federal Administration for Health Care Research and Quality has recognized NFN's program as a model of innovative practice, including it in the Administration's *Innovative Practices* listing since 2007. In 2013 and 2014, NFN was awarded contracts with the federal Maternal, Infant, and Early Childhood Home Visiting Program for services in Tennessee and Missouri. This program provides rigorous evaluation of programs that may warrant funding as a federally recognized evidence based home visiting program. NFN has received state and national awards such as the "Use Your Life" Award from Oprah's Angel Network which was presented to the agency's founder, the Paul Simon Award from Signature Health for NFN's innovative use of information technology, the Ascension Health Partnership in Ministry Award, the Robert Wood Johnson Community Service Award, and the national Premier Cares Award for agency effectiveness and innovation. NFN has received local awards from Focus St. Louis Civic Progress, St. Louis Children's Hospital, Cardinal-Glennon Hospital, and the Chambers of Commerce from Afton and Webster Groves - Shrewsbury, the Stellar Performance Award from Variety, St. Louis, the Community Champion Award from the Institute for Family Medicine, and the Missouri Public Health Association for its Group Merit Award. In its 25 years of operations, Nurses for Newborns has provided services for over 65,000 infants and their families with 99% of those evaluated to be free of any substantiated report of child abuse and neglect.

2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.

Nurses for Newborns is a non-profit community agency founded in Missouri that provides nurse home visiting and related services for over 3,000 newborn infants and their caregivers annually. The website for Nurses for Newborns is: [www.nfnf.org](http://www.nfnf.org)

3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.

Nurses for Newborns has provided nurse home visiting services to over 50,000 Missouri families for the past 25 years and has enjoyed the partnership of federal, state, and local government as well as others who pursued contractual arrangements. Major contracts include:

**State of Missouri:** The agency's first contracts (25 years ago) were with Missouri's Children's Trust Fund. NFN has maintained contracts with this important child abuse prevention fund throughout most of the agency's history. Nurses for Newborns participated in other state home visitation contracts as these were introduced. Most importantly for this current opportunity, NFN has been a partner with the Alternatives to Abortion program since 2002 and maintains a current contract with the program, providing services to over 110 families in the current contract year. NFN has also been a provider for the Stay at Home Parent and the Child Abuse and Neglect Prevention programs in the past, and has been a provide of two State of Missouri Home Visitation Contracts providing service to hundreds of Missouri families in multiple counties. at the current time.

**Federal Contracts:** Nurses for Newborns has provided nurse visitation services for several federal contracts. NFN was the primary service partner in the St. Louis Healthy Start program. Currently, NFN is a participating provider for the federal Maternal, Infant, and Early Childhood Home Visiting Program that serves infants and their caregivers in the city of St. Louis.

**County Contracts:** Nurses for Newborns has provided nurse visitation services for the special municipal or county funds that address the needs of children in the city of St. Louis (Mental Health Board), St. Louis county (Children's Service Fund) and St. Charles County (Community and Children's Resource Board), and the Lincoln County Resource Board.

Federal, state, and municipal contracts are detailed on the Exhibit D forms that are included with this text.

**Other Contracts:** In addition to the major contracts noted above, Nurses for Newborns maintains contractual arrangements with the current Missouri Health Net Health Maintenance Organizations, and with special research/service partnerships with St. Louis University, Washington University and Vanderbilt University. These partnerships provide funding and research expertise to enhance services and build knowledge in the field of home visitation and the prevention of child abuse.

4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years. Nurses for Newborns received two new contracts for home visitation that included parent education and family support during the past two years: The Lincoln County Resource Board began supporting NFN services in 2012 and the St. Louis Mental Health Board awarded a new contract to NFN in 2014. No contract was "lost" but the Healthy Start program concluded its cycle and a second MIECHV contract was not re-funded. Other grants during the time period ended and new grants were secured to help support agency services.

5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Purposes	Clearly identify and describe the experience
Identify specific information about experience:	
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	NFN provides material support, as needed, in the form of diapers, formula, baby clothes, developmentally-appropriate toys, and other necessities for a child's healthy growth and development.
Ending the dependence of needy parents on government benefits by promoting job preparation, work, and marriage	NFN provides clients information on education and

	job preparation programs that increase opportunities for employment. NFN social workers assist couples who wish to address problematic relationship issues.
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	NFN nurses discuss birth control with clients (but do not provide contraception), as well as healthy spacing between pregnancies.
Encouraging the formation and maintenance of two-parent families	As noted above, limited relationship support and referral is provided for couples who seek this service.

6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.

NFN is a 501(c)(3) nonprofit organization and is therefore governed by a voluntary Board of Directors that is comprised of representative members of the community served by the organization. All corporate powers are vested in and exercised by the Board of Directors, which is responsible to see that the mission of the agency is carried out. The Board of Directors, currently numbering 27 members, includes the following positions on the Executive Committee: President, Vice President, Secretary, Treasurer and Immediate Past President (Ex-officio member). The Bylaws of the agency describe the composition and responsibilities of the Board. Board members generally are limited to serving two three-year terms. The Board meets monthly at regularly scheduled times, except for the months of July and December. The duties of the Executive Committee of the Board include providing the CEO with an annual written performance review and making decisions with respect to policy and management of the Corporation when the Board of Directors is not meeting. The Bylaws further describe the Board of Directors in terms of number of Board members, term of office, nominees, duties, resignation, removal, vacancy, annual meeting, notice of meetings, attendance, quorum, and terms of membership. The Bylaws also address the election, vacancy, term of office, Immediate Past President, and Duties of the Officers of the Board. The Bylaws further describe the committees of the Board and their various duties and functions. Committees include: Executive, Board Governance and Nominating, Finance, Medical Advisory, and other Standing or Special Committees, and Task Committees. General Provisions of the Bylaws further describe the fiduciary relationships handled by the agency such as contracts, checks, deposits, bonding, contributions, and others. Other terms of the document include a conflicts of interest policy, fiscal year, and terms for the amendment of the instrument. In practice, the overall responsibilities of the Board can be categorized as: Policy – Creating mission and vision statements, determining programs and services, and approving the strategic plan; Monitoring Operations – hiring and evaluating the CEO and providing their consultation-skills to the CEO, approving the annual budget, approving major contracts and grants, reviewing program evaluations; and Public Engagement – fundraising, communication within the community, and advocacy.

The Chief Executive Officer is responsible for the overall day-to-day management and service provision of the agency. She is assisted by the Chief Nursing Officer who oversees all agency services, and the Chief Financial Officer who oversees all agency finance and human resource issues. The Directors of Philanthropy and Special Events and Volunteers lead the agency fund raising efforts, and the Director of Quality and Research guides all research activities, including the electronic information management that supports this work.

Nurses for Newborns is a Missouri organization that also provides services in Tennessee. Tennessee operations are funded exclusively by funding from that region. Nurses for Newborns is not a member of a parent organization, but it does retain affiliation with the United Way of St. Louis and the Tennessee operations maintain affiliation with the United Ways in that region.

7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was

filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.

Nurses for Newborns was named in a lawsuit along with 8 other defendants for an allegation of failure to hotline. This matter was resolved through settlement and the lawsuit was dismissed in January of 2016 with no admission of liability by Nurses for Newborns and no judgment against NFN or any of its staff.

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

Vendor Name or Subcontractor Name: <u>Nurses for Newborns</u> (if reference is for a Subcontractor):	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	Office of Administration
Address of Reference Company/Client:	State Capitol Building, Room 125, Jefferson City, MO 65102
Reference Contact Person Name, Phone #, and E-mail Address:	Emily Smith Special Assistant to the Commissioner 517-751-8502 <a href="mailto:Emily.Smith@oa.mo.gov">Emily.Smith@oa.mo.gov</a>
Title/Name of Service/Contract	Alternatives to Abortion
Dates of Service/Contract:	7/1/2015-6/30/2016
If service/contract has terminated, specify reason:	Contract is current
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	104 currently served by contract \$280,023.40
Size of Service/Contract (in terms of vendor's total amount of business)	8%
Description of Services Performed, such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategic objective	Pregnant women whose infant is at risk for abortion. Case management through nurse home visitation. Christian, Crawford, Franklin, Jefferson, Lincoln, St. Charles, St. Francois, St. Louis, Ste. Genevieve, and Washington counties and the city of St. Louis. Nurses provide comprehensive case management to facilitate healthy infant birth.
Personnel Assigned to Service/Contract (include position title):	Staff Registered Home Visiting Nurses

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

Vendor Name or Subcontractor Name: <u>Nurses for Newborns</u> (if reference is for a Subcontractor):	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	Missouri Department of Social Services, Children's Division
Address of Reference Company/Client:	Early Childhood and Prevention Services Section P.O. Box 88 Jefferson City, MO 65102
Reference Contact Person Name, Phone #, and E-mail Address:	Toni Sutherland Program Development Specialist 573-522-8150 <a href="mailto:Toni.Sutherland@dss.mo.gov">Toni.Sutherland@dss.mo.gov</a>
Title/Name of Service/Contract	Home Visitation
Dates of Service/Contract:	October 1, 2015-September 30, 2016
If service/contract has terminated, specify reason:	Contract is current
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	125 individuals will be served \$ 312,758.40 is the total annual value
Size of Service/Contract (in terms of vendor's total amount of business)	9%
Description of Services Performed, such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategic objective	Population: Parents and infants at risk of child abuse and neglect Type of service: Nurse home visitation Geographic area: St. Louis City, St. Louis County, St. Louis sub-metro, Franklin, Gasconade, Iron, Jefferson, Lincoln, Phelps, St. Charles, St. Francois, St. Genevieve, Warren and Washington counties Duties: Nurse home visitation with the strategic direction of preventing child abuse and neglect
Personnel Assigned to Service/Contract (include position title):	Chari Bender RN, Kim Paronish RN, Jamie Pataky RN, Jean Hecht RN, (Nurse home visitors): Ron Thompkins RA, MA, MSN (Administration)

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

Vendor Name or Subcontractor Name: <u>Nurses for Newborns</u> (if reference is for a Subcontractor):	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	St. Louis County Children's Service Fund
Address of Reference Company/Client:	222 South Meramec Avenue, Suite 202 Clayton, MO 63105
Reference Contact Person Name, Phone #, and E-mail Address:	Samantha Stangle, MSW Portfolio Manager 314-615-5864 <a href="mailto:ssstangle@stlouisco.com">ssstangle@stlouisco.com</a>
Title/Name of Service/Contract	Home Visitation Services
Dates of Service/Contract:	Current contract; 1/1/2016-12/31/2017. Contract maintained since 2010.
If service/contract has terminated, specify reason:	Contract is current
Size of Service such as: <input checked="" type="checkbox"/> Number of Individuals Being Served <input checked="" type="checkbox"/> Total Annual Value/Volume	500 families per year for two years \$800,000 for two year period
Size of Service/Contract (in terms of vendor's total amount of business)	11%
Description of Services Performed, such as: <input checked="" type="checkbox"/> Population Served <input checked="" type="checkbox"/> Type of Services Performed <input checked="" type="checkbox"/> Geographic Area Served <input checked="" type="checkbox"/> Vendor's specific duties and strategic objective	Pregnant women and mothers with newborn infants facing poverty and other risks. Nurse home visitation St. Louis County Nurses provide comprehensive assessment, monitoring, teaching, and linkage to needed services in order to ensure physical and mental health and safety of infant.
Personnel Assigned to Service/Contract (include position title):	Staff Registered Home Visiting Nurses serving areas noted.



EXHIBIT DCURRENT/PRIOR EXPERIENCE

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

Vendor Name or Subcontractor Name: <u>Nurses for Newborns</u> (if reference is for a Subcontractor):	
Reference Information (Current/Prior Services Performed For):	
Name of Reference Company/Client:	The Community and Children's Resource Board of St. Charles County
Address of Reference Company/Client:	2440 Executive Drive, Suite 214 St. Charles, MO 63303
Reference Contact Person Name, Phone #, and E-mail Address:	Bruce Sowatsky, MSW Executive Director 636-939-6200 bsowatsky@scckids.org
Title/Name of Service/Contract	Home Visitation Services
Dates of Service/Contract:	Current contract 1/1/2016-12/31/2016. Contract maintained since 2011.
If service/contract has terminated, specify reason:	Contract is current
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	Anticipated number of infants/caregivers: 170 \$109,170.60 (current fiscal year)
Size of Service/Contract (in terms of vendor's total amount of business)	3%
Description of Services Performed, such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategic objective	Pregnant women and mothers with newborn infants facing poverty and other risks. Nurse home visitation St. Charles County Nurses provide comprehensive assessment, monitoring, teaching, and linkage to needed services in order to ensure physical and mental health and safety of infant.
Personnel Assigned to Service/Contract (include position title):	Staff Registered Home Visiting Nurses serving areas noted.

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

<b>Vendor Name or Subcontractor Name:</b> <u>Nurses for Newborns</u> (if reference is for a Subcontractor):	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	ARCHS/Missouri Children's Division Central Office
Address of Reference Company/Client:	205 Jefferson Street, 10 <sup>th</sup> Floor, P.O. Box 88 Jefferson City, MO 65102
Reference Contact Person Name, Phone #, and E-mail Address:	Amber Donnelly/ARCHS Nancy Reid, Program Development Specialist 573-751-2037 <a href="mailto:Nancy.Reid@dss.mo.gov">Nancy.Reid@dss.mo.gov</a>
Title/Name of Service/Contract	Home Visitation Services
Dates of Service/Contract:	Current contract: 7/1/2015-6/30/2016. Contract maintained since 1/1/2000
If service/contract has terminated, specify reason:	Contract is current
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	A minimum of 150 families must be served monthly. \$589,720.00 (current fiscal year)
Size of Service/Contract (in terms of vendor's total amount of business)	16%
Description of Services Performed, such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategic objective	Pregnant women and mothers with newborn infants facing poverty and other risks. Nurse home visitation. St. Louis city and Butler, Carter, Crawford, Dent, Franklin, Gasconade, Iron, Jefferson, Lincoln, Madison, Reynolds, St. Charles, St. Francois, Shannon, Warren, Washington, and Wayne counties. Nurses provide comprehensive assessment, monitoring, teaching, and linkage to needed services in order to ensure health and safety of infant.
Personnel Assigned to Service/Contract (include position title):	Staff Registered Home Visiting Nurses serving areas noted.

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

Vendor Name or Subcontractor Name: <u>Nurses for Newborns</u> (if reference is for a Subcontractor):	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	Maternal, Infant and Early Childhood Home Visiting Program
Address of Reference Company/Client:	930 Wildwood Drive Jefferson City, MO 65109
Reference Contact Person Name, Phone #, and E-mail Address:	Ashley Jenkins 573-751-6266 <a href="mailto:Ashley.Jenkins@health.mo.gov">Ashley.Jenkins@health.mo.gov</a>
Title/Name of Service/Contract	Nurse Home Visitation Services for Newborns
Dates of Service/Contract:	10/1/2015-9/30/2016
If service/contract has terminated, specify reason:	Contract is current.
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	134 clients served monthly. \$288,506.00
Size of Service/Contract (in terms of vendor's total amount of business)	8%
Description of Services Performed, such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategic objective	Pregnant women and mothers with newborn infants facing poverty and other risks. Nurse home visitation. St. Louis city. Nurses provide comprehensive assessment, monitoring, teaching, and linkage to needed services in order to ensure health and safety of infant.
Personnel Assigned to Service/Contract (include position title):	Staff Registered Home Visiting Nurses serving areas noted.

**EXHIBIT D****CURRENT/PRIOR EXPERIENCE**

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

Vendor Name or Subcontractor Name: <u>Nurses for Newborns</u> (if reference is for a Subcontractor):	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	Lincoln County Resource Board
Address of Reference Company/Client:	101 West College, Suite 1-B, Troy, MO 63379
Reference Contact Person Name, Phone #, and E-mail Address:	Cheri Winchester, Executive Director; 636-528-2490 <a href="mailto:director@lincolncountykids.org">director@lincolncountykids.org</a>
Title/Name of Service/Contract	Putting Infants First in Lincoln County
Dates of Service/Contract:	January 1, 2016 – December 31, 2016
If service/contract has terminated, specify reason:	
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	Supports services for 17 families with 128 visits. Total contract for 2016: \$14,955
Size of Service/Contract (in terms of vendor's total amount of business)	.4%
Description of Services Performed, such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategic objective	Serves at risk infants and their families living in Lincoln County Services provided are home visitation by Registered Nurses Area served: Lincoln County Duties include home visitation by registered nurses that identifies risks and assists caregiver in ensuring the health, safety, and developmental success of newborn infants
Personnel Assigned to Service/Contract (include position title):	Staff Registered Home Visiting Nurses serving families in Lincoln county.

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

<b>Title of Position:</b> Chief Nursing Officer	
<b>Name of Person:</b>	Ronald Tompkins
<b>Educational Degree (s):</b> include college or university, major, and dates	BA in English (1968; Colorado State College), MA in English (1971; University of Northern Colorado), BSN (1978; University of Colorado), MSN (1989; University of Colorado)
<b>License(s)/Certification(s), #(s), expiration date(s), if applicable:</b>	RN License Mo #125581/ CPR Certified – Adult and Infant
<b>Specialized Training Completed:</b>	BA in Education
<b># of years experience in area of service proposed to provide:</b>	38 years of Nursing Administration Experience.
<b>Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships</b>	Employee of NFN for 7 years.
<b>Describe this person's responsibilities over the past 12 months.</b>	Provided oversight & management of nursing staff and ATA Program.
<b>Previous employer(s), positions, and dates</b>	Vice President (2001 to 2009; SSM St. Mary's Health Center), Vice President (1995 to 1997; SSM St. Mary's & St. Joseph's), Admin Director (1993 to 1995; SSM St. Mary's), DON (1987 to 1992; University Hospital)
<b>Identify specific information about experience in:</b>	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	9 semester hours for BA in English
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	35 years of experience
✓ Program administration	45 years of experience

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

<b>Title of Position: Director of Nursing</b>	
<b>Name of Person:</b>	Linda Spina
<b>Educational Degree (s):</b> include college or university, major, and dates	BS Communication (1988; St. Louis University), BSN (1994; St. Louis University), Women's Health Care Nurse Practitioner (1998; University of Missouri at St. Louis), MS Nursing (1998; University of Missouri at St. Louis)
<b>License(s)/Certification(s), #(s), expiration date(s), if applicable:</b>	RN License Mo# 131696/ CPR Certified - Adult & Infant
<b>Specialized Training Completed:</b>	
<b># of years experience in area of service proposed to provide:</b>	22 years of Nurse Education, Health Administration, Hospital & In-Home Nursing Experience.
<b>Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships</b>	Employee of NFN for 10 years.
<b>Describe this person's responsibilities over the past 12 months.</b>	Provided case management visits for ATA clients & supervision of home visiting staff.
<b>Previous employer(s), positions, and dates</b>	Manager (2003 to 2005; Reimbursement Affairs - Midwest Region), RN Educator (2000 to 2003; Health Management Services), DON (1998 to 2000; On Call Associates, LTD), DON (1997 to 1998; Deaconess Hospital)
<b>Identify specific information about experience in:</b>	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	Healthy Start, Home Visitation, Mental Health Board 1 & 2, St. Louis County, NuMoms 1 & 2, 24-1, MIECHV, Daughters of Charity, Missouri Foundation For Health 1-3, Love In Action.

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

<b>Title of Position:</b> <u>Registered Lead Nurse</u>	
<b>Name of Person:</b>	Chari Bender
Educational Degree (s): include college or university, major, and dates	ASN (1982; Deaconess School of Nursing)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 089604/ CPR Certified – Adult and Infant
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	34 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 8 years.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients & supervision to home visiting staff.
Previous employer(s), positions, and dates	RN (06/1982 to 06/1985; Oklahoma Memorial Hospital), RN (6/1985 to 2000; St. Louis Children's Hospital), RN (2000 to 2002; Health South Outpatient Surgery Center), RN (1/2007 to 1/2008; Wentzville School District), RN (1/2008 to current; Nurses for Newborns)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	Home Visitation, Lincoln County Resource Board, & St. Charles County Resource Board

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

<b>Title of Position:</b> Registered Lead Nurse	
<b>Name of Person:</b>	Jennifer Crowell
Educational Degree (s): include college or university, major, and dates	BSN (1993; University of Missouri, Columbia)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 130787/ CPR Certified – Adult and Infant
Specialized Training Completed:	Certified Lactation Counselor
# of years experience in area of service proposed to provide:	23 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 6 years.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients & supervision to home visiting staff.
Previous employer(s), positions, and dates	Childbirth Educator (08/2001 to 02/2008; DePaul Hospital)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks old orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	Healthy Heart & Homes, Raising St. Louis



**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

<b>Title of Position:</b> <b>Registered Nurse</b>	
<b>Name of Person:</b>	Jennifer Adams
Educational Degree (s): include college or university, major, and dates	ASN (2002, Jefferson College)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 2002016/ CPR Certified - Adult & Infant
Specialized Training Completed.	Premature Birth, Working with special needs families, Child abuse, & Media
# of years experience in area of service proposed to provide:	14 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 10 years.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	RN (6/2002 to 4/2005; St. Anthony's Medical Center), LPN (9/2011 to 6/2002; St. Anthony's Medical Center), Nurse Aide (12/1999 to 09/2001; St. Anthony's Medical Center)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

<b>Title of Position:</b> Registered Nurse	
<b>Name of Person:</b>	Maureen Berra
Educational Degree (s): include college or university, major, and dates	LPN (1993; St. Louis, MO), ASN (2000; Deaconess College of Nursing)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 2001006580 / CPR Certified – Adult and Infant
Specialized Training Completed.	Board Certified Lactation Consultant
# of years experience in area of service proposed to provide:	23 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 10 years.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	Founder (1985 to 1993; Mother's Helper), LPN (1993 to 1996; Deaconess Medical Center), LPN/RN (1996 to 2002; Barnes – Jewish Hospital) RN (2002 to 2004; St. Josephs), RN (2004 to 2005; St. Mary's Hospital), RN (2005 to 2006; Gateway Medical Center), RN (2007 to 2007; Nurses for Newborns), RN (2008 to 2014; Barnes – Jewish Hospital)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

<b>Title of Position:</b> Registered Nurse	
<b>Name of Person:</b>	Pat Clayton
<b>Educational Degree (s):</b> include college or university, major, and dates	BSN (1983; University of Cincinnati)
<b>License(s)/Certification(s), #(s), expiration date(s), if applicable:</b>	RN License Mo# 094356/ CPR Certified – Adult and Infant
<b>Specialized Training Completed.</b>	Premature Birth, Working with special needs families, Child abuse, & Media
<b># of years experience in area of service proposed to provide:</b>	33 years of Hospital & In-Home Nursing Experience.
<b>Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships</b>	Employee of NFN for 14 years.
<b>Describe this person's responsibilities over the past 12 months.</b>	Provided case management visits for ATA clients.
<b>Previous employer(s), positions, and dates</b>	RN (1/1997 to 12/2001; St. John's Mercy Medical Center), RN (2/1995 to 5/1997; Healthy Homecomings), OB RN (09/1985 to 12/1987; St. John's Mercy Medical Center), PP RN (03/1985 to 09/1985; St. John's Mercy), RN (08/1984 to 03/1985; St. John's Mercy), Charge RN (08/1983 to 06/1984; Brown County Hospital)
<b>Identify specific information about experience in:</b>	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

<b>Title of Position:</b> <b>Registered Nurse</b>	
<b>Name of Person:</b>	Julie Conaway
Educational Degree (s): include college or university, major, and dates	ASN (1995; Fayetteville Technical College), BSN (2000; UMSL)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 137138/ CPR Certified – Adult and Infant
Specialized Training Completed.	International Board Certified Lactation Consultant
# of years experience in area of service proposed to provide:	16 years of Hospital & In-Home Nursing Experience
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 1 year.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA
Previous employer(s), positions, and dates	RN (1995 to 2003; University of Missouri, Rolla), RN (1998 to 1999; Truman Elementary School), Pediatric RN (1995 to 2003; Phelps County Regional Medical Center), RN (2003 to 2005; Nurses for Newborns), RN (2006; Missouri Home Care), Lactation Consultant (2007 to 2014; Phelps County Regional Medical Center)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

<b>Title of Position: Registered Nurse</b>	
<b>Name of Person:</b>	Christine Gasper
<b>Educational Degree (s): include college or university, major, and dates</b>	BSN (1985; Truman State University)
<b>License(s)/Certification(s), #(s), expiration date(s), if applicable:</b>	RN License Mo# 100506 / CPR Certified – Adult and Infant
<b>Specialized Training Completed.</b>	
<b># of years experience in area of service proposed to provide:</b>	31 years of Hospital & In-Home Nursing Experience.
<b>Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships</b>	Employee of NFN for less than 1 year.
<b>Describe this person's responsibilities over the past 12 months.</b>	Provided case management visits for ATA clients.
<b>Previous employer(s), positions, and dates</b>	RN (2/2015 to 8/2015; Barnes Jewish Hospital), RN (5/2003 to 2/2015; St. Clare Health Center), RN (4/2002 to 5/2003; Barnes Jewish West County), RN (11/1997 to 4/2002; Missouri Baptist Medical Center), RN (8/1988 to 11/1997; St. Luke's Hospital), RN (4/1985 to 8/1988; Mercy Medical Center), Summer Camp RN (Summers of 83 & 84; Camp Taum Sauk, Lesterville, MO)
<b>Identify specific information about experience in:</b>	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

<b>Title of Position:</b> Registered Nurse	
<b>Name of Person:</b>	Kathy Gutman
Educational Degree (s): include college or university, major, and dates	BSN (1990; Deaconess College of Nursing), School Nurse Certificate (2003; SIUE), MSN (2012; University of Phoenix)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 117378 / CPR Certified – Adult and Infant
Specialized Training Completed.	NCSN – National certified school nurse
# of years experience in area of service proposed to provide:	26 years of Hospital & In-Home Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 1 year.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	Health Instructor (2013 to 2014; Hazelwood School District), Teaching Internship (2013; Chamberlain College of Nursing), RN (2004 to 2013; Hazelwood School District), Substitute RN (2000 to 2003; Bethalto School District), Substitute RN (2000 to 2003; Alton School District), RN (1994 to 1995, Sinai Samaritan Health Center, Milwaukee, WI), RN (1987 to 1992; Cardinal Glennon Children's Hospital)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

<b>Title of Position:</b> <u>Registered Nurse</u>	
<b>Name of Person:</b>	Jean Hecht
<b>Educational Degree (s):</b> include college or university, major, and dates	ASN (1990; St. Charles Community College)
<b>License(s)/Certification(s), #(s), expiration date(s), if applicable:</b>	RN License Mo# 117182/ CPR Certified – Adult and Infant
<b>Specialized Training Completed.</b>	
<b># of years experience in area of service proposed to provide:</b>	26 years of Hospital & In-Home Nursing Experience.
<b>Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships</b>	Employee of NFN for 6 years.
<b>Describe this person's responsibilities over the past 12 months.</b>	Provided case management visits for ATA clients.
<b>Previous employer(s), positions, and dates</b>	RN (3/2001 to 2002; Wentzville School District), RN (1997 to 2002; Grace Hill Community Health), RN (1993 to 1995; Homeless St. Charles), RN (1995 to 1997 Express Scripts), RN (1992 to 1993; St. Charles Clinic), DON (1990 to 1992; St. Mary's Institute)
<b>Identify specific information about experience in:</b>	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

<b>Title of Position: Registered Nurse</b>	
<b>Name of Person:</b>	Laurie Hyde
Educational Degree (s): include college or university, major, and dates	ASN (1978; Meramec Community College)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 076196/ CPR Certified – Adult and Infant
Specialized Training Completed.	Domestic violence, teen pregnancy, child abuse prevention, perinatal substance abuse, & special needs families.
# of years experience in area of service proposed to provide:	38 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 24 years.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	RN (2/1987 to 8/1992; Max C Starkloff Clinic), RN (5/1978 to 4/1987; Normandy Osteopathic South Hospital)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	First Steps



**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

<b>Title of Position:</b> <u>Registered Nurse</u>	
<b>Name of Person:</b>	Carol Jeager
Educational Degree (s): include college or university, major, and dates	BSN (2006; Barnes Jewish College of Nursing)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 2006031985/ CPR Certified – Adult and Infant
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	10 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 5 years.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	RN (8/2006 to 1/2010, Barnes-Jewish Hospital), Proofreader (3/2004 to 5/2006; Momentum Worldwide), Program Quality Manager (8/2000 to 11/2002; Siboney Learning Group), Copy Editor (10/1998 to 08/2000; The Zipatoni Co.), Proofreader (10/1997 to 10/1998; May Merchandising Co.) Development Coordinator (10/1996 to 10/1997; Center of Contemporary Arts)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

<b>Title of Position: Registered Nurse</b>	
<b>Name of Person:</b>	Debbie Layton
Educational Degree (s): include college or university, major, and dates	ASN (1987; Meramec Community College) BSN (in progress; University of Missouri, St. Louis)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 107387/ CPR Certified – Adult and Infant
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	30 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 18 years.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	RN (1987 to 1997; Deacones Hospital), RN (1994 to 1997; Forest Park Pediatrics), RN (1997 to present; Barnes Hospital) RN (1997 to 1998; On Call Associates)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	Healthy Start, NuMoms (1), & Home Visitation

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

<b>Title of Position: Registered Nurse</b>	
<b>Name of Person:</b>	Marilyn Lewis
Educational Degree (s): include college or university, major, and dates	Diploma in Nursing (1974; Jewish Hospital School of Nursing)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 062485/ CPR Certified – Adult and Infant
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	42 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 10 years.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	RN (4/2005 to 12/2005; Personal Touch Home Care), RN (1989 to 2004; St. Anthony's Medical Center), RN (1989 to 2002; Self-Employment), RN (1989 to 1992; Unity Health), RN Manager (1987 to 1989; St. John's Mercy Hospital), RN (1985 to 1987; Barnes Hospital), Charge RN (1982 to 1985; St. Luke's Hospital), RN (1980 to 1981; Phelps County Regional Medical Center), RN (1976 to 1980, Second General Hospital, Landstuhl, West Germany)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

<b>Title of Position: Registered Nurse</b>	
<b>Name of Person:</b>	Jamie Pataky
Educational Degree (s): include college or university, major, and dates	ASN (2002; Madisonville Community College), BSN (2015; Central Methodist University)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 2007007325/ CPR Certified – Adult & Infant
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	14 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 7 years.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	RN (12/2002 to 4/2007; Trover Foundation Health System), RN (10/2003 to 02/2005; Jennie Stuart Medical Center), RN (06/2007 to 6/2008; St. John's Mercy), Per Diem RN (12/07 to current; Missouri Baptist Hospital)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

<b>Title of Position: Registered Nurse</b>	
<b>Name of Person:</b>	Kim Paronish
Educational Degree (s): include college or university, major, and dates	BSN (1990; University of Pennsylvania)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 2006031524/ CPR Certified - Adult and Infant
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	26 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 9 years.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	RN (5/2006 to 8/2006; VNA-TIP Homecare), RN (1997 to 1999; Londonderry Pediatrics), RN (1992 to 1996; Altoona Hospital), RN (1991 to 1992; Children's Hospital of Pittsburg), RN (1990 to 1991; UPMC Presbyterian Hospital)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

<b>Title of Position: Registered Nurse</b>	
<b>Name of Person:</b>	Chris Poirrier
Educational Degree (s): include college or university, major, and dates	BSN (2007; Southeast Missouri State),
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo #100506/ CPR Certified – Adult and Infant
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	10 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for less than 1 year.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	RN (2006 to 2015; Southeast Hospital) RN (3/2015 to 11/2015; Mercy Hospital)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

<b>Title of Position:</b> Registered Nurse	
<b>Name of Person:</b>	Kathryn Porterfield
Educational Degree (s): include college or university, major, and dates	BSN (1973; Wellesley College), MSN (1980; Yale School of Nursing)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 2014000924 / CPR Certified - Adult and Infant
Specialized Training Completed.	Certified Tobacco Cessation Counselor
# of years experience in area of service proposed to provide:	36 years of Hospital & In-Home Nursing Experience
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 2 years.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	Independent Practitioner (2008 to 2013; Brattleboro Retreat, Brattleboro, VT), Community Health Education Coordinator (2008 to 2010; New London Hospital in NH), Nurse Practitioner (2003 to 2008; Newport Health Center and Tiger Treatment Center), Nurse Practitioner (1989 to 1995; Frances Nelson Health Center), Faculty (1990 to 1993; University of Illinois), Faculty (1995 to 2003; Carle Foundation Hospital), Lecturer (University of IL at Urbana - Champaign.)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

<b>Title of Position:</b> <u>Registered Nurse</u>	
<b>Name of Person:</b>	Leah Rogers
Educational Degree (s): include college or university, major, and dates	Diploma of Nursing (1984; Barnes Hospital School of Nursing), BSN (1989; St. Louis University), MSN (1997; St. Louis University)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 098075 / CPR Certified – Adult and Infant
Specialized Training Completed.	Child Passenger Safety technician, Special needs trained, Healing touch for babies
# of years experience in area of service proposed to provide:	29 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for less than 1 year.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	RN (5/1987 to current; St. Louis Children's Hospital), RN (1/1985 to 5/1987; Barnes Hospital), RN (7/2006 to 5/2014; Alton School District)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A



**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

<b>Title of Position: Registered Nurse</b>	
<b>Name of Person:</b>	Susan Slazinik
<b>Educational Degree (s): include college or university, major, and dates</b>	RN (1975; Deaconess Hospital School of Nursing)
<b>License(s)/Certification(s), #(s), expiration date(s), if applicable:</b>	RN License Mo# / CPR Certified – Adult and Infant
<b>Specialized Training Completed:</b>	HEDIS Nurse Reviewer; Low Risk Neonatal Nursing Certified
<b># of years experience in area of service proposed to provide:</b>	36 years of Hospital & In-Home Nursing Experience.
<b>Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships</b>	Employee of NFN for 10 years.
<b>Describe this person's responsibilities over the past 12 months.</b>	Provided case management visits for ATA clients.
<b>Previous employer(s), positions, and dates</b>	Quality Management Coordinator (1997 to 2001; CIGNA HealthCare), RN (1996 to 1999; Missouri Baptist Medical Center), RN (1975 to 1996; St. Luke's Hospital), Head RN (1975 to 1996; St. Luke's Hospital)
<b>Identify specific information about experience in:</b>	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

<b>Title of Position: Registered Nurse</b>	
<b>Name of Person:</b>	Lorrie Sterling
Educational Degree (s): include college or university, major, and dates	ASN (2009; Southeast Hospital College of Nursing Health Sciences)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo #2009020152/ CPR Certified – Adult and Infant
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	10 years of Hospital & In-Home Nursing experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for less than 1 year.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	RN (8/2011 to 3/2015; Cape Public Schools), RN (11/2010 to 7/2011; Pyramid Home Health), CNA/RN (07/1998 to 03/2016; Southeast Hospital)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

<b>Title of Position:</b> <u>Registered Nurse</u>	
<b>Name of Person:</b>	Lisa Stevick
Educational Degree (s): include college or university, major, and dates	BSN (1979; University of Missouri at Columbia)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 080178/ CPR Certified – Adult and Infant
Specialized Training Completed.	Mental health first aid and speech & language development
# of years experience in area of service proposed to provide:	37 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 7 years.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	Director of Education (3/2007 to 5/2008; Midwest Institute), Massage Therapist (1/2006 to 3/2007; Spine Care), Massage Therapist (7/1999 to 5/2008; Self Employed), Office Support Staff (9/1997 to 03/2000; Webster-Kirkwood Times, Inc.), RN (4/1989 to 9/1997; St. John's Mercy Medical Center), RN (4/1984 to 3/1989; Cardinal Glennon Hospital), Assistant Head Nurse (4/1983 to 3/1984; Deaconess Hospital), RN (6/1979 to 4/1983; Cardinal Glennon Hospital),
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

<b>Title of Position: Registered Nurse</b>	
<b>Name of Person:</b>	Gwen Stubblefield
Educational Degree (s): include college or university, major, and dates	AAN (1984; Forest Park Community College), BSN (1987; University of Missouri in St. Louis), MSN (University of Missouri in St. Louis)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo #109050/ CPR Certified – Adult and Infant
Specialized Training Completed.	Lab Tech Certified & EMT Certified.
# of years experience in area of service proposed to provide:	32 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 11 years.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	RN Supervisor (10/2002 <sup>1</sup> to 07/2004; City of St. Louis), Health Services Manager II (08/2001 to 09/2002; City of St. Louis), Nursing Supervisor (06/1998 to 08/2001; City of St. Louis), Clinical Supervisor (06/1993 to 06/1998; City of St. Louis), RN II (10/1990 to 06/1993; City of St. Louis), RN I (06/1989 to 10/1990; City of St. Louis), RN (09/1991 to 12/1995; Nurses for Newborns), RN (05/1990 to 09/1991; Compra-Health Nursing Agency), RN (06/1989 to 09/1991; Alexian Brothers Hospital), RN Supervisor (04/1988 to 04/2003; Truman Restorative Center), Lab Tech (01/1985 to 06/1989; City of St. Louis), Lab Tech Supervisor (09/1975 to 01/1985; Truman Restorative Center), Lab Tech (10/1975 to 01/1987; Overland Medical Center), Lab Tech (04/1970 to 09/1975; Max C. Starkloff Hospital)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	Healthy Start

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

<b>Title of Position:</b> <u>Registered Nurse</u>	
<b>Name of Person:</b>	Jenny Uhlig
Educational Degree (s): include college or university, major, and dates	BSN (2010; St. Louis University)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 2010019168 / CPR Certified – Adult and Infant
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	6 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 2 years.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	RN (6/2010 to 9/2013; SSM Cardinal Glennon Children's Medical Center), Student Nurse (5/2009 to 7/2009; SSM St. Clare's Hospital), Care Partner II (7/2009 to 5/2010; SSM St. Clare's Hospital), Child Care Worker (5/2004 to 9/2010; YMCA of Greater St. Louis)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

<b>Title of Position: Registered Nurse</b>	
<b>Name of Person:</b>	Mary Westerhaus
Educational Degree (s): include college or university, major, and dates	BSN (1981; St. Louis University)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo #85904/ CPR Certified – Adult and Infant
Specialized Training Completed.	Lactation training
# of years experience in area of service proposed to provide:	35 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 10 years.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	RN (03/1998 to 09/2005; Barnes Jewish Hospital), RN (01/1988 to 3/1998; Deaconess Hospital), RN (02/1981 to 01/1988; Incarnate Word Hospital)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

<b>Title of Position: Registered Nurse</b>	
<b>Name of Person:</b>	Terosia Williams
Educational Degree (s): include college or university, major, and dates	RN (1987), BSN (2007; Goldfarb School of Nursing), MSN (2011; Goldfarb School of Nursing)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 106461 / CPR Certified – Adult and Infant
Specialized Training Completed.	BCLS, ACLS, Advanced Fetal Monitor, & Mental Health First Aid
# of years experience in area of service proposed to provide:	29 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 3 years.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	RN (09/2002 to 07/2012; Barnes – Jewish Hospital); RN (06/2011 to 04/2012; Goldfarb School of Nursing), RN (09/2001 to 08/2002; St. John's Mercy Medical Center), RN (11/1990 to 05/2001; Lutheran Medical Center), RN (12/1987 to 1/1989; St. Louis Regional Medical Center), Educator (8/2007 to 8/2011; Goldfarb School of Nursing)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4 years of teaching at Goldfarb School of Nursing
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A

**EXHIBIT E****EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

<b>Title of Position:</b> Registered Nurse	
<b>Name of Person:</b>	Cynthia Yoder
Educational Degree (s): include college or university, major, and dates	BSN (1987; Trinity Christian College), BA (1987; Trinity Christian College)
License(s)/Certification(s), #(s), expiration date(s), if applicable:	RN License Mo# 107716 / CPR Certified – Adult and Infant
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	24 years of Hospital & In-Home Nursing Experience.
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Employee of NFN for 1 year.
Describe this person's responsibilities over the past 12 months.	Provided case management visits for ATA clients.
Previous employer(s), positions, and dates	RN (1987 to 2001; St. Louis Children's Hospital)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	4-12 weeks orientation and a core job duty.
✓ Family/marital counseling	N/A
✓ Social work	N/A
✓ Case management	NFN Core job duty, monthly staff development, & case management meetings.
✓ Program administration	N/A



## Proposed Method of Performance

## **Response to Contractual Requirements Alternatives to Abortion Program**

As suggested in Section 3.6.1, in order to assure the reviewer that Nurses for Newborns meets each contractual requirement, the text that follows enumerates the paragraphs in the Contractual Requirements section of the Request for Proposal and provides a response for each item that requires information from the offeror. This text is then followed by the Exhibits and attachments that provide further detail regarding the agency's qualifications for delivery of service through the proposed contract.

## **2. CONTRACTUAL REQUIREMENTS**

### **2.1 General Requirements:**

#### **2.1.1 General Requirement:**

- a. Continuum of care: Based upon its 25 years of providing care to Missouri families through nurse home visitation, and its over 14 years of partnership with the Alternatives to Abortion program, Nurses for Newborns seeks to continue to providing coordinated, comprehensive Alternative to Abortion Program services based on the individual needs for women who meet the specified eligibility criteria within Region 6. NFN also seeks to provide services for clients outside Region 6 in Phelps and Dent counties (counties previously served by NFN for the ATA program) if this is deemed appropriate and within the goals of the Office of Administration. NFN will continue to provide these services through its evidence informed nurse home visitation program in ways that ensure the preference of the client in the selection of an ATA provider.
- b. NFN will ensure that all actions taken by the agency in relation to the ATA contract support the goals of the ATA program, specifically:
  - 1) Reduce abortions and improve pregnancy outcomes;
  - 2) Improve child health and development; and
  - 3) Improve families' economic self-sufficiency by (1) helping clients develop a vision for the client's own future, (2) continuing the client's education and (3) finding jobs.

Nurses for Newborns will provide this coordinated, comprehensive system of care through home visiting case management and other services conducted by a registered nurse and at times, assisted by a Community Outreach Worker who visits each client at least monthly. Case management is a set of goal-oriented activities that organize, coordinate, and monitor service delivery in order to meet objectives designed to support each pregnant woman in the continuation of her pregnancy. This comprehensive system includes active engagement of the client in individual goal setting and accomplishment, as well as NFN's provision of specified health, education and case management services, and linkage with resources needed to ensure the health and safety of the pregnant woman and her infant. The services also evaluate and improve the family's economic self-sufficiency by helping to encourage the caregivers' vision for the future, by aiding the client in pursuing educational and employment opportunities.

In keeping with the purposes of the Alternatives to Abortion program, Nurses for Newborns will not provide family planning (ie. contraceptives) to individuals who are receiving Alternatives to Abortion Program services, nor will it perform or induce, or assist the performing or inducing of, or refer for, abortions.

#### **2.1.2 Contractor shall not use awarded funds for supplanting or to purchase tobacco or alcohol products:**

Nurses for Newborns will not use Alternatives to Abortion funds to supplant local funds or subsidize services provided to others. As an agency dedicated to the health of pregnant women, infants and their caregivers, Nurses for Newborns does not, nor will not use any of its funds, included those that may be awarded by this contract, to purchase tobacco or alcohol products.

#### **2.1.3 Funding limits and use:**

Although Nurses for Newborns may provide services above and beyond those identified in the Notice of Award, it recognizes that funding for these additional services will not be provided by this contract. Furthermore, NFN will spend at least 75% of the amount of funding allocated for the clients from the geographic region for which the funding was awarded. NFN also recognizes that the state agency has the sole right to adjust the allocation of funds to NFN due to changes in appropriations, budget restrictions, projected service usage and/or other factors.

#### **2.1.4 Contractor shall furnish:**

Unless otherwise specified herein, Nurses for Newborns shall furnish all material, labor, facilities, equipment, and supplies necessary to perform the services required herein.

## 2.2 Implementation Requirements:

### 2.2.1 Timeframe for Operations

As a current ATA provider, NFN is prepared to fully implement the proposed contract within the 15 day time requirement.

### 2.2.2 State agency Liaison:

This refers to a State of Missouri Requirement.

### 2.2.3 Contractor Representative:

Mr. Ron Tompkins, MA,MSN,RN is currently directing agency ATA services and will continue to do so if a contract is awarded to NFN. Mr. Tompkins information is provided in this application and is currently on file with the office of Administration as NFN's Contractor Representative.

### 2.2.4 Contractor Service Location:

Nurses for Newborns office is located at 7259 Lansdowne Avenue in St. Louis County. However, services are delivered directly in the home of clients.

### 2.2.5 Computer Compatibility:

Nurses for Newborns maintains an electronic medical record system that meets the capabilities and security requirements required by the State of Missouri. This system is currently being utilized for the ATA program.

## 2.3 Contractor Qualifications

### 2.3.1 Section 188.325 RSMo Qualifications

Nurses for Newborns is recognized by the United States Internal Revenue Code as tax exempt under section 501 (c) 3. As its mission and name suggest, Nurses for Newborns does not "perform or induce, assist in the performing or inducing of or refer for abortions."

### 2.3.2 Required Purposes of the Contractor

Nurses for Newborns will continue to promote one or more purposes of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. Specifically, NFN promotes the first two purposes.

- a. *Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.* Nurses for Newborns nurses visit pregnant women and their families in their homes. This allows the nurse to observe, identify, and document nutritional needs of the family. The nurse provides direct assistance of food items (including infant formula, infant food, and food for the family) donated to Nurses for Newborns for the use of families served. In addition, the nurse and other NFN personnel assist the family by linking them with food pantries as well as with governmental food programs such as WIC or Supplemental Nutritional Assistance Program (SNAP).
- b. *End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage.* In order to ensure the health and safety of newborn infants, Nurses for Newborns helps pregnant women, mothers, and fathers address barriers to securing employment opportunities. This includes helping caregivers secure and use appropriate medical care, obtain necessary education, and acquire transportation, child care, and other supports necessary to find and maintain gainful employment. This includes helping mothers or fathers identify and use community resources that address these needs and prepare them for employment opportunities. NFN also employs licensed social workers to provide counseling services for pregnant women and mothers and fathers who wish to improve their relationship in order to improve the well being of their child. Although this service (not supported by this contract) may facilitate the choice of some individuals to pursue marriage (and the potential economic and other benefits of a two-parent family), the purpose is to help the caregiver(s) ensure the health, safety, and sustained well being of their child.

## 2.4 Personnel Requirements

### 2.4.1 Personnel:

a. Professional Case Manager – Professional Case Management will be provided by Nurses for Newborns Registered Nurses. Nurses working for NFN must have three years of NICU (neonatal intensive care) or five years of maternal-child health experience prior to being hired. **Credentials:** Nurses are required to graduate from an accredited (NLN) school of nursing and to maintain a current Missouri license. Licenses are verified by NFN staff using the Missouri State Board of Nursing database at the time of hire and at the time of renewal. Nurses must possess and maintain CPR certification. **Core Competencies:** Capacity to understand and implement the nursing protocols required for nurses by the NFN nurse visitation program including competency in providing medical, developmental, social, emotional and environmental assessment of the infant and caregiver, parent/caregiver education, referral, and linkage to needed services.

b. Non-professional Case Manager – Although Nurses for Newborns employs staff (specifically Community Health Workers) who meet the requirements for providing non-professional case management, if services of the Community Health Workers are needed for ATA clients, these services will be supported by other funding sources.

Exhibit E details qualifications of NFN staff associated with the ATA contract.

#### **2.4.2 Background Security Clearance Report**

Nurses for Newborns staff providing case management services and their and supervisors pass a criminal record personal identifier and a fingerprint based background search at the time of hire. This information will be submitted for the individual case managers and supervisors to the State Agency according to the specifications noted below.

1. Within 5 calendar days after notification, new NFN personnel will submit to the state agency an original criminal record personal identifier background security clearance report, or fingerprint based search report that is less than sixty days old by the Missouri State Highway Patrol as identified in 43.530, RSMo; or
2. Necessary forms will be completed for the Missouri Highway Patrol, Criminal Justice Information Services Division, or via the Internet using the information provided in the RFP.

#### **2.4.3 Pre-Assignment Screenings:**

NFN's direct service personnel for this contract and their supervisors have already or will pass the following pre-assignment screening.

- a. Abuse/neglect report check by the Family Care Safety Registry Background Investigation.
- b. Abuse/neglect report check from the Department of Health and Senior Services, Employment Disqualification List; and
- c. Abuse/neglect report check from the Employee Disqualification Registry from the Department of Mental Health.

#### **2.4.4 Personnel Training**

All NFN home visiting personnel are required to have the appropriate level of training, education, and experience to fulfill the requirements of their assigned positions. In addition to the education, training and experience noted in section E, NFN home visitors are required to attend monthly training to maintain and enhance their knowledge and skills.

#### **2.4.5 Substitution of Personnel**

Nurses for Newborns will not use substitute personnel for this contract without prior written approval of the state agency. Furthermore, such substitution will be equal to or better than the individuals proposed in this application. Nurses for Newborns will submit attachment A2A to the state agency for the substitution of personnel.

#### **2.4.6 Authorized Personnel**

Nurses for Newborns will continue to only employ personnel authorized to work in the United States in accordance with applicable federal and state laws and will cooperate with any audit or investigation from federal, state, or local law enforcement agencies. Nurses for Newborns currently maintains and will continue to maintain participation in the E-Verify federal work authorization program. As such, NFN has included the documentation required to affirm NFN's participation in the E-Verify federal work authorization program. In accordance with subsection 2 of section 285.530, this Affidavit of Work Authorization will be renewed annually.

## 2.5 Case Management Services:

### 2.5.1 Accessing Services:

As a current provider, NFN recognizes that access to ATA services is the choice of the client who contacts the agency. Persons who contact NFN for services are entered into the agency electronic medical record system.

### 2.5.2 Eligibility Requirements:

Case manager determination of client eligibility – NFN will seek information from the client to determine eligibility for acceptance into the ATA program. Eligibility criteria will include:

- Missouri residency
- Family income that is at or below 185% of federal poverty level
- Be carrying an unborn child or children and is choosing to carry the child to term instead of having an abortion
- Is not receiving ATA from any other provider.

As permitted by the contract, NFN may use the following for identification and income documentation.

- 1) Utility bills;
- 2) Driver's licenses;
- 3) Pay stubs;
- 4) Written employer statements; and
- 5) Social Security benefits statements.

Nurses for Newborns will maintain documentation of eligibility for a minimum of five years for each woman determined eligible.

### 2.5.3 Admission for ATA Services:

Nurses for Newborns will obtain the participant's written consent for alternatives to abortion services.

- a. Individual Risk and Needs Assessment - Within 24 hours after the client's admission into the NFN ATA program, the NFN RN/Case Manager will develop an initial Individual Risk and Needs Assessments plan to address urgent issues.
- b. Initial Plan –Initial Client Assessment – Within 7 days, the RN/Case Manager will visit the client to begin the assessment process that includes comprehensive physical, environmental, social, and mental health screening instruments.

### 2.5.4 Case Management: The RN/Case Manager, will manage the service needs of the client and perform all required case management responsibilities

- a. Contact information – The nurse provides each client with her cell phone contact information and is available to the client 24 hours a day, 7 days a week. NFN also maintains a "Nurses on Call" who provides back-up services to clients who are in need or who may have lost their nurse's direct dial number.
- b. Other Assistance Programs – If the client has not previously applied for MO HealthNet and WIC, the RN/case manager will assist the client in submitting an application for each program. If the client is determined not to be eligible for MO HealthNet, the nurse will review the documentation supporting such denial and confirm that the client meets the Alternatives to Abortion Program eligibility requirements. Similarly, if the client has not previously applied for the Supplemental Nutrition Assistance program (SNAP), child care, and/or the Low Income Energy Assistance Program, the case manager will assist the client in applying to the programs and will document the client's application for the program(s). If the client is determined to not qualify for these programs, the case manager will check to ensure that the client remains eligible for the ATA program.
- c. Other Programs – As required by the stipulations of the ATA program, the NFN staff will refer the client for (1) the MO HealthNet Prenatal Case Management program, (2) Building Blocks of Missouri program, (3) Missouri Community-Based Home Visiting program, and (4) Healthy Start program (if out of the region) all as appropriate. Nurses for Newborns is a provider for the Missouri Home Visiting Program that serves many of the counties in Region 6. Individualized Pregnancy Completion Plan (IPCP) – The nurse/case manager will also complete the *Initial Client Assessment* and submit this data to the state within two working days. This plan includes assessment for domestic violence. Within 10 days, using the information from the Individual Risk and Needs Assessment and the Initial Client Assessment and other information, the RN/Case Manager, together with the client prepare an

**Individual Pregnancy Completion Plan.** Identified needs are documented on the Individual Pregnancy Completion Plan/Family Support Plan, and this plan is reviewed and updated every 30 days through the program one year time limit. As the basis for the activity that the nurse and caregiver undertake the plan includes the following:

- The Individual Risk and Needs Assessment that identified and addressed urgent issues,
- The identification of specific measurable objectives,
- Strategies for client education regarding available services and support systems,
- Identification of and referrals for the additional client services (as described later herein) that are needed by the client,
- Outcomes goals for referrals.

If the RN/Case Manager identifies another service needed by the client that is not included in the Additional Client Services Requirements below, NFN will submit a written request to the state agency and receive state agency approval prior to inclusion of such service in the Individualized Pregnancy Completion Plan (IPCP)

- d. **Implementation of IPCP** - After development of the Individualized Pregnancy Completion Plan, the RN/Case Manager will work directly with the client and assist the client in developing a plan to organize, coordinate, refer, and monitor the delivery of the identified additional client services based upon the identified measurable objectives; all which have been designed to support the client in the continuation of the client's pregnancy.
  - 1) Referrals-If additional services are required, the RN/Case Manager will make the arrangements to assist the client in accessing and securing needed services.
  - 2) Ongoing discussion and documentation- The RN/Case Manager will discuss plan progress and update the plan at least monthly. Plan progress and changes will be documented in the plan as well as in the agency electronic medical record.
  - 3) Assess for Domestic Violence -As a critical component of service, NFN visiting nurses have been trained to screen and assess the client for domestic violence, carefully attending to current and potential risks for the client and other family members.
  - 4) Safe Sleep – Using the Academy of Pediatrics guidelines, NFN nurses provide information and materials as needed to ensure the safe sleep of the infant.
  - 5) Post Partum Assessment – After the birth of the infant, the nurse completes a comprehensive physical, mental health, social, and environmental assessment of the mother and infant. Post partum assessment includes use of the Edinburgh Post Partum Depression Screen as well as additional screens if depression scores suggest higher levels of depression.
- e. **Types of Case Management** – Nurses for Newborns will provide direct professional home visiting case management. At times this case management will require contact by phone that will use the non-face-to-face case management to augment the face-to-face home visiting.

## **2.6 Prenatal Education and Parenting Skills Training:**

### **2.6.1 Provision of prenatal parent education and parenting skills:**

- a. **Content of Training** – Nurses for Newborns will not provide separate prenatal classes directly but will provide ongoing parent education for each client throughout the year of ATA program participation as a component of the home visit. Based on the recommendations of the Academy of Pediatrics and the evidence based Bright Futures curriculum, the content of this training includes all of the items specified in the contract requirement (please see Exhibit F, Item 7).
- b. **Prenatal Education and Parenting Skills training/classes** – As noted above, no separate classes will be provided by NFN. The content of the information shared with pregnant women in the home visits is evidence based and noted in Exhibit F. This content includes promotion of cognitive skills, motor skills, valuing and comforting the child.
- c. **Documenting classes** – NFN will not be providing group classes. However, parent education provided through the home visit will be documented in the client's electronic medical record.

### **2.6.2 Responsible Paternity Education:**

The nurses may provide home visits on weekends and evenings and coordinate their visits specifically to reach the fathers of infants. Fathers are encouraged to attend home visits with the mother and are invited to listen to the

baby's heartbeat with the nurse, prenatally. Handouts are given with pictures showing the baby's growth in the uterus, week-by-week. These are shared with the fathers as well as the mothers. The nurses begin teaching the fathers how important they are to the well being of the mom and baby during pregnancy. After birth, visits are timed to include the father to teach him infant CPR, signs of illness in a newborn, and the dangers of shaking a baby. The father's importance to his baby's life and future are emphasized. These steps are increasingly important in order to engage fathers as the great majority of our clients are unwed parents. For several years, NFN worked closely with the Fathers Support Center in a federal collaborative project. This relationship continues to enhance referrals to programs that encourage responsible paternity.

#### **2.6.3 Contractor Personnel:**

NFN nurses who provide the parenting education are qualified through training and experience provided by their nursing degree from accredited nursing schools, and have been providing parent education as a component of nurse home visitation for several years. Annually, nurses complete a competency checklist on parental education and several other key topics. In addition to agency training programs that include modules on parent education, many nurses have secured additional courses in education related topics to enhance their ability to provide parent education.

### **2.7 Additional Client Services Requirements:**

#### **2.7.1 Care Coordination Services:**

In addition to directly providing the prenatal and newborn services noted in the Case Management section above, the RN/Case Manager ensures care coordination of several additional services identified in the ATA Request for Proposal.

#### **2.7.2 Ensure Provision of Services:**

Nurses for Newborns will ensure provision of each of the service categories noted below as detailed in response to item #8 in Exhibit F.

- a. Prenatal Care
- b. Medical Care
- c. Mental Health Care
- d. Newborn or Infant Medical Care
- e. Adoption Assistance
- f. Child Care
- g. Clothing
- h. Domestic Abuse Protection
- i. Drug and Alcohol Testing and Treatment
- j. Educational Services
- k. Food
- l. Housing
- m. Utilities
- n. Job Training and Placement
- o. Supplies
- p. Transportation
- q. Ultrasound Services
- r. Other Services

### **2.8 Administrative Requirements:**

#### **2.8.1 Client Records:**

- a. Submission of Individual Assessment in State Data System – As noted above, NFN initiates a medical record for each client who seeks NFN services. In addition, NFN will continue to document all ATA activity and information in the format required by the ATA program, including the Individual Risks and Needs Assessment within the 5 working days time frame as well as other entering other required data into the state data system.

- b. For each client deemed eligible – NFN will document the appropriate referral to the other home visiting programs for each client deemed eligible. Documentation will include the date of referral, follow-up, and eligibility determination.
- c. By no later than 30 calendar days of completion of the Individualized Pregnancy Continuation Plan and any update to the Plan, NFN will enter the data collected into the state agency's data system.
- d. Within 10 calendar days after completion of the required Post Partum Assessment (EPDS), NFN will enter this information into the state data system.
- e. NFN will timely document all client training in the state data system (as applicable for home visitation) and will record Responsible Paternity Education under the client's name in the state data system.
- f. Information on Client Records – In a timely manner, NFN will record information regarding the client's referral to other community or governmental agency(ies) to provide additional client services: follow-up on that referral, and the result of the referral.

#### **2.8.2 Discharge/Disenrollment:**

NFN will discharge clients accepted into the ATA program per the requirements of the ATA program, including:

The client is no longer eligible to receive Alternative to Abortion program services or

The client has not accessed services for 60 days.

NFN will update the state data system on the reason for discharge within 7 days of the individual's disenrollment from the program.

#### **2.8.3 Client Satisfaction:**

In addition to NFN's ongoing client satisfaction calls conducted weekly, NFN will utilize the form provided by the state, every June and December NFN to assess client satisfaction with the ATA program services. The form will be completed by the client and returned to NFN in the sealed envelope provided by NFN. The client's name is not included on the form. Copies of the completed forms will be provided to the state agency within 10 days of the survey's completion.

#### **2.8.4 Cultural Competence:**

Because cultural competency is a critical factor the impacts the effectiveness of NFN programs, NFN uses several strategies to ensure language and cultural competency. As noted elsewhere, NFN utilizes nurses who live in and have knowledge of the geographic area in which the family resides. Staffing attempts to ensure racial and ethnic diversity so that nurses or Community Outreach Workers (whose service will not be billed to this contract) better understand and work with the cultural preferences of the families served. Language needs of the clients served are addressed directly by bilingual nurses or Community Outreach Mothers or through the use of interpreters. As a component of the agency's health literacy grant awards, NFN nurses have received training in cultural competence. This is addressed as a part of ongoing agency training efforts. The use of mothers of the communities (Community Outreach Workers) to assist with language and cultural issues with African American, Hispanic, and Bosnian communities has also aided NFN in achieving greater cultural competence. Cultural competency and health literacy enhance NFN's primary strength based approach in a way that helps the client achieve identified goals.

#### **2.8.5 Emergency Availability:**

The RN/Case Manager provides the client with her cell phone contact number so that the nurse (or the Nurse on Call) can be reached 24 hours a day, 7 days a week. In addition, NFN maintains a "Nurse on Call" emergency response phone on weekends and after hours in order to ensure access to NFN services.

#### **2.8.6 Evaluation and Quality Improvement Plan:**

- a. Plan evaluates the following – NFN has developed a comprehensive program of evaluation and continuous quality improvement that enhances the agency's ability to meet contract requirements and ensure service quality. Exhibit F, Item # 10 details how the agency includes each of the elements noted below.
  - 1) Infrastructure
  - 2) Method of Delivery
  - 3) Outcomes
  - 4) Compliance with standards and licensure



- 5) Measurable Indicators and data to evaluate program impact
- 6) Improvement Plan that includes methods for improvement of rates of health and birthing outcomes.

#### **2.8.7 Financial and Accounting Records:**

NFN maintains financial and accounting records in accordance with generally accepted accounting procedures in accordance with the requirements of this contract including maintaining records for 3 years from the date of final payment on the contract, and will continue to cooperate with the state of Missouri with any reporting or auditing requirements.

#### **2.8.8 Contract Monitoring:**

NFN will continue to cooperate with any state monitoring, auditing, or examination requirements.

#### **2.8.9 Subcontractor Monitoring:**

NFN has not subcontractor arrangement for this contract.

### **2.9 Other Funding Source Requirements:**

#### **2.9.1 Other Sources of Funding**

NFN has been and will continue to secure other sources of support for Alternatives to Abortion program clients. This includes in-kind maternal and infant items that are given to families. NFN will document the value of the cash or in-kind support provided for those served by the ATA program.

### **2.10 Invoicing and Payment Requirements**

#### **2.10.1 Funding:**

Nurses for Newborns will update its vendor registration and will cooperate fully with the State's payment method through electronic funds transfer.

#### **2.10.2 Invoicing:**

By no later than the 15<sup>th</sup> of the month following the month in which services were provided, NFN will submit the itemized monthly invoice to the state agency in format required.

- a. Professional Case Management – Nurses for Newborns will continue to bill for services using the firm fixed price noted on the pricing page. Because this service is provided through home visits, NFN may invoice for round trip travel time to and from NFN's office and the home.
- b. Non-Professional Case Management – Similarly, NFN will bill for services provided by Community Outreach Workers in the same format using the firm fixed price for that service.
- c. Prenatal Education and Parenting Skills Training – No separate billing is anticipated for this service.
- d. Establishing or promoting responsible paternity education - No separate billing is anticipated for this service.
- e. Housing – NFN will invoice for up to the guaranteed not-to-exceed price per client per month stated on the pricing page, or \$600.00, whichever is less.
- f. Additional Client Services Invoicing – Nurses for Newborns will invoice the ATA program only for those services approved. Documentation of expense as stipulated in the RFP will be provided to the state agency.
- g. Administrative Costs – Nurses for Newborns will apply an 8% administrative charge for the cost of management and oversight of ATA services.
- h. NFN does not charge or solicit donations from a client regarding services provided under this contract or any other contract.

#### **2.10.3 Payments and Reimbursements**

NFN recognizes that the state agency shall be the payor of last resort and that payments will be made only for the services invoiced at the firm fixed rates as well as for directly invoiced additional services that are approved with appropriate documentation. (j) Furthermore, if NFN is overpaid by the state of Missouri, upon notification to or by the state agency, NFN will deduct the overpayment from the next monthly invoice.

**2.11 Other Contractual Requirements:****2.11.1 Contract:**

Nurses for Newborns recognizes that a contract includes the elements identified in section 2.11.1 that will include the RFP and all materials attached including the Best and Final Offer response and notice of award. No change to the contract can be accomplished without a formal contract amendment signed and approved by and between the Division of Purchasing and the authorized representative of Nurses for Newborns.

**2.11.2 Contract Period:**

Nurses for Newborns understands that the contract period is for the stated time frame from the effective date of contract through May 31, 2017. It is also understood that the Division of purchasing has the right to renew the contract for two additional one year periods and that this extension is at the sole discretion of the state of Missouri.

**2.11.3 Renewal Periods**

If the State of Missouri exercises the right to extend the contract period, all terms and conditions and specifications of the contract shall remain the same and apply during renewal periods. NFN further understands that the State may determine funding limitations necessitate a decrease in pricing for the renewal period(s). If NFN rejects these new terms, the contract may be terminated.

**2.11.4 Termination:**

NFN accepts the fact that termination is the right of the Division of Purchasing and may be exercised through written notice to NFN.

**2.11.5 Transition:**

NFN agrees to work cooperatively with the state of Missouri for any transition of clients or program responsibilities that may occur in the initiation, delivery, or termination of ATA services.

**2.11.6 Contractor Liability:**

NFN agrees to the understanding of contractor liability and actions stipulated in this standard.

**2.11.7 Insurance:**

Nurse for Newborns will continue to maintain insurance for liability as needed for implementation of the contract and follow the notification requirements of this standard.

**2.11.8 Subcontractors:**

NFN does not anticipate using subcontractors in the delivery of services for this contract.

**2.11.9 Participation by other Organizations:**

NFN does not qualify for consideration of using services of an organization serving the blind, or a Women or Minority Business.

**2.11.10 Contractor Status:**

As the contractor for the ATA contract, NFN agrees to assume all legal and financial responsibility for taxes and other items noted in this standard.

**2.11.11 Coordination:**

NFN agrees to coordinate fully with the state of Missouri and provide information deemed useful for the state of Missouri

**2.11.12 Property of State:**

NFN agrees to coordinate and make available all materials prepared in relation to this contract. This does not include the agency's electronic data system itself (as noted in point a).

**2.11.13 Confidentiality:**

NFN agrees to keep confidential information of the contract and will seek approval for any sharing of information or reports on the program. NFN will cooperate with signing any documents that may be required regarding confidential information.

**2.11.14 Publicity**

Any publicity related to this contract will reference the contract number and state agency. NFN will obtain approval from the state agency prior to the release of such publicity or publications.

**2.11.15 Inventions Patents and Copyrights**

If any copyrighted material is developed as a result of this contract, the state agency shall have the royalty-free right to publish or use, or authorize others to use, the work for the state agency or state of Missouri purposes.

**2.11.16 Joint Venture**

NFN is not pursuing this application through a Joint Venture.

**2.12 Federal Funds Requirements:****2.12.1 Subrecipient of Federal Funds**

Since NFN currently is a subrecipient of federal funds, it meets the subrecipient requirements noted in Attachment 6 and Attachment 7.

**2.12.2 Steven's Amendment:**

NFN complies currently with this amendment and will continue to do so in the implementation of this contract.

**2.12.3 31 U.S.C. 1352:**

No funds from this contract will be used to engage in any activity to influence legislation or appropriations.

**2.12.4 Pro-Children Act of 1994 – Non-smoking requirements:**

NFN fully complies with this Act.

**2.12.5 Drug Free Workplace Act of 1988:**

NFN will maintain a drug free workplace, and will report any conviction of a member of NFN's personnel under a criminal drug statute for violations occurring on NFN's premises, or while conducting NFN business.

**2.12.6 Whistle Blower Protections**

NFN will comply fully with the provisions of 41 U.S.C. 4712 that prohibit discharge, demotions, or discrimination as a reprisal for "whistleblowing."

**2.12.7 Non-Discrimination and ADA**

As a current federal and state partner, NFN complies, and will comply fully with all federal and state statutes, regulations and executive orders relating to non-discrimination and equal employment opportunity as listed in 2.12.7, a-j, to the extent applicable to the contract.

**2.13 Business Associate Provisions:****2.13.1 Health Insurance Portability and Accountability Act:**

NFN complies with all applicable measures of the Health Insurance Portability Act including the use of appropriate forms, storage, and sharing of information.

**2.13.2 Permitted uses:**

NFN complies with, and will continue to comply with the specifications for permitted uses and disclosures of protected health information listed in 2.13.2.

**2.13.3 Obligations and Activities of the Contractor:**

NFN will comply with the appropriate administrative, physical, and technical safeguards to protect electronic protected health information as stipulated in 2.13.3.

**2.13.4 Obligations of the State Agency:**

This refers to requirements of the State of Missouri

**2.13.5 Expiration/Termination/Cancellation:**

NFN will cooperate with the state agency in addressing any information sharing that may be necessitated by a termination of the program within the requirements of the HIPAA.

**2.13.6 Breach of Contract:**

NFN agrees to the terms of this standard in the event that a breach of contract is determined to have occurred.

**EXHIBIT F****METHOD OF PERFORMANCE**

The vendor should present a written plan for performing the requirements specified in this Request for Proposal. In presenting such information, the vendor should specifically address each of the following issues:

1. Identify the service location as well as any satellite locations. Describe the geographic proximity of the services being proposed to the majority of clients to be served. Describe how women initially access services and locate the service location.

Although NFN maintains its office at 7259 Lansdowne Avenue in St. Louis County, NFN delivers its programs directly in the client's home, which is closer than neighborhood-based services. Women access services through referral from health or community organizations, and through direct contact with NFN. By delivering services in the home, the RN/Case Manager has the opportunity to respond to the woman's entire family environment, while at the same time removing transportation barriers, or difficulties in finding a babysitter for other children in the family, which can be barriers to women receiving the services they need.

2. Describe the demographic profile of the at-risk population to be served. Describe outreach strategies for reaching the targeted at-risk population(s), including strategies for addressing the cultural diversity of targeted clients

During the current contract period, Nurses for Newborns has served 110 clients in the counties identified for service by NFN. These include the following counties noted in region 6. Franklin, Jefferson, Lincoln, Perry, St. Charles, St. Francois, St. Louis City, and St. Louis County, St. Genevieve, Warren, and Washington counties. For the proposed contract, NFN seeks to provide ATA services for 110 individual client families in these region 6 counties as well as Dent and Phelps counties.

The rates of pregnancy and childbirth risk factors in the proposed service area can be summarized as follows:

County	Abortions (% of all pregnancies)	Low birth weight (% of all live births)	Infant mortality (per 1000 births)	Child abuse/ neglect (per 1000 children)	Teen Mothers (per 1000 births)
Dent	2.2	7.2	11.1	48.7	65.5
Phelps	5.6	7.5	5.5	51.2	33.5
Franklin	5.4	7.0	6.3	42.1	29.0
Jefferson	6.0	7.0	5.2	37.4	23.9
Lincoln	5.1	6.1	7.0	26.5	34.4
Perry	3.4	7.5	2.7	33.9	35.3
Pike	3.0		4.5	45.7	23.8
St. Charles	7.9	6.9	5.4	20.1	14.4
St. Francois	4.2	8.0	6.8	52.3	43.1
St. Genevieve	2.8	5.9	3.4	31.6	27.5
St. Louis County	14.4	8.7	6.1	21.3	19.1
St. Louis City	18.4	12.2	11.6	43.2	46.6
Warren	7.8	5.9	5.3	51.1	32.5
Washington	2.1	9.3	5.3	45.8	58.0

(Information from the Missouri Department of Health (MICA) and Missouri Kids Count)

The at-risk profile of our population based on referrals in the most recent evaluation period includes Medicaid eligible 73%, single parent 70%, less than 12 years education 24%, pregnancy unintended 42%, drugs 15%, alcohol 4%, medical issues (mom) 31%, medical issues (baby) 31%, psycho/social issues 37%, history of pregnancy problems 14%, and, late prenatal care 11%. NFN nurses serve mothers-to-be, new mothers and infants who are uninsured and underinsured and who typically lack access to the services they need.

The statistical information above notes that abortion rates are high in this region with the highest numbers in St. Louis City and County followed by St. Charles and Jefferson counties. The information also underscores the at-risk condition for infants and their mothers in the proposed region. Teen births, which often present physical and developmental complications for both infant and mother, were significantly higher for several of the counties to be served, some with more than twice the national average of 41.0. Infant mortality in Missouri exceeds the national rate, and is even more severe in several of the counties proposed, with one county over twice the national rate. Perhaps the most striking need that is evident from this information is the safety of Missouri's children, with several counties averaging over 3 or 4 times that national average for child abuse and neglect.

Because NFN is a home visiting program, all services reach out to clients in their homes. NFN staff also conduct outreach into the community through health fairs, and attendance at community meetings and gatherings. In order to address the diverse needs of populations in several counties, most NFN nurses live in the counties served, and cultural and diversity training is provided for NFN home visiting staff. NFN selects staff with cultural or linguistic competence to address the needs of diverse populations, including Community Health Workers who reach out into their immigrant or African American communities, providing information on services at community service sites, schools, faith or cultural facilities, and through direct linkage with members of the community. NFN also participates in collaborations with area health facilities that serve pregnant women, (such as St. Mary's Health Center and Affinia Health Centers). These collaborations enhance coordinated case management and facilitate the inclusion of pregnant women into NFN services.

3. Describe the marketing of services.

Because NFN has provided in-home nursing services for the past 25 years to residents in the region and has provided ATA services for many years, area medical centers, clinics, and social service agencies refer clients to NFN programs, at times specifying a referral to the ATA program. Nevertheless, NFN recognizes that frequently, women who are pregnant may not access prenatal care or other community services. For that reason, NFN attempts to inform the general community of NFN services through web presence, social media efforts, and other formats made possible through partnerships with other community initiatives (such as the Prenatal Infant Wellness Coalition or the Triumph campaign). As noted above, collaborations with area health facilities that serve pregnant women provide information about NFN services to women receiving services from these facilities. NFN and its services are also featured on regional radio and television programs that highlight community resources. NFN services have been shared with specific communities (Bosnian, Hispanic, Vietnamese), through the individual outreach efforts of agency Community Outreach Workers and through publications in the language of these communities.

4. Identify the site where the Individual Risk and Needs Assessment and Initial Client Assessment will be conducted. Describe how client eligibility will be determined.

Where: Client eligibility and The Individual Risk and Needs Assessment and Initial Client Assessment are conducted with each client within the client's home. By Whom: The assessments are conducted by the registered nurse visitor with the client. When: Eligibility for enrollment in the ATA program is conducted when the nurse learns from the client directly or through the referral process that the pregnant mother may be a candidate for the ATA program. Eligibility is then determined at the same visit or at first visit that follows the discovery of this information. The Individual Risk and Needs Assessment and Initial Client Assessment are conducted immediately after the eligibility is established. What: The elements that are used to evaluate eligibility include the following:

- Missouri residency
- Family income that is at or below 185% of federal poverty level
- Continuation of pregnancy and is choosing to carry the child to term instead of having an abortion
- Is not receiving ATA from any other provider.

How: After engaging the client in a way that encourages trust, including the provision of needed infant or maternal care items, the nurse seeks the client's permission to complete information for possible enrollment in the ATA program. The nurse uses the instruments to guide her assessment and notes the response of the pregnant woman on the forms, using the self-report of the pregnant mother as the basis of the information sought. (Please see #5 below)

5. Describe the development and updating of the Individualized Pregnancy Continuation Plan including the involvement of the client in the process.

Nurses for Newborns has served thousands of Missouri pregnant women for the past 20 years with "unplanned" pregnancies. Hundreds of these women were served through the ATA program. This experience has validated nurse home visitation research that notes that the relationship of the nurse with the caregiver is critical for the effectiveness of desired outcomes. For this reason, the nurse case manager for the ATA program seeks to build a relationship of trust that permits the exploration of issues, assessments, teaching and referrals that follow. A variety of high risks surface in women considering abortion, including at times life threatening domestic abuse, severe depression, and crushing financial uncertainty. The issues become much less threatening when the nurse and caregiver, using the IPCP and other assessment tools focus on each issue individually and identify potential solutions. Some resources are provided directly by the nurse from NFN resources such as donated personal care and infant items including baby beds. Referrals to other resources are aided by the fact that nurses have laptop computers that contain a database of local service providers and community resources, together with hours of operation and eligibility requirements that assist the mother. In addition, nurses carry cell phones to assist families who have no telephones when families need to access community services. All of these measures set the stage to facilitate the preparation and use of the Individual Pregnancy Completion Plan.

Prior to entry into case management for the ATA program, but within the first two weeks of a referral, the RN/Case Manager will fill complete an *Individual Risk and Needs Assessment* Form with the client as called for in the IFB and submit this data to the state within 2 working days. The nurse/case manager also completes the *Initial Client Assessment* and submits this data to the state within two working days. This plan includes assessment for domestic violence. Within 10 days, using the information from the Individual Risk and Needs Assessment and the Initial Client Assessment and other information, the RN/Case Manager, together with the client prepare an *Individual Pregnancy Completion Plan*.

The most urgent issues and other information are documented on the Individual Pregnancy Completion Plan/Family Support Plan, and this plan is reviewed and updated every 30 days until program completion, or when specific stated objectives have been met.

The RN/Case Manager will document in the IPCP the strategies for client education regarding available services and support systems as well as referrals for services and outcomes of the referrals. This plan also identifies any infant care concerns of the client and nurse, parenting skill needs as determined by the client and nurse, the care plan which addresses infant care and parenting skill concerns, and special considerations (such as needing visits at certain times.) As the basis for the activity that the nurse and caregiver undertake the plan includes the following:

- The Initial Plan that identified and addressed urgent issues,
- The identification of specific measurable objectives,
- Strategies for client education regarding available services and support systems,
- Identification of and referrals for the additional client services (as described later herein) that are needed by the client,
- Outcomes goals for referrals.

In addition, in concert with the individual plan, pregnant women receive the following education, assessment, and comprehensive written educational materials (in their own language).

1. Normal fetal growth and development
2. Nutritional assessment/education.
3. Referral/coordination for childbirth classes.

4. Complications of pregnancy, including preterm labor.
5. Blood pressure/vital signs each visit.
6. Education regarding when to call physician.
7. Referral/coordination with smoking cessation/drug treatment programs, if appropriate.
8. Assessment of fetal activity.
9. Specific interventions per doctor's orders.
10. Help identifying factors/lifestyles associated with premature birth/damage to fetus.
11. Help with food, clothing, baby formula, diapers, cribs, car seats, as needed.

All services are based on the strengths and needs of the family. Home visiting schedules vary by the risk factors and wishes of the families referred. Success of the program is found in the relationship that occurs between the nurse and her client. After development of the Individualized Pregnancy Completion Plan, the nurse case manager works directly with the client and performs goal-oriented activities which organize, coordinate, refer, and monitor the delivery of the identified additional client services based upon the identified measureable objectives; all which have been designed to support the client in the continuation of the client's pregnancy and ensure a healthy infant. The following goals help guide this activity for prenatal care.

Goal #1: To decrease malnutrition due to inadequate diet related to age, environment of neglect due to a lack of support or resources.

Objective #1: To teach components of a balanced diet and its importance; to assist in 24 hr. diet recall (screening); and to assist mother in obtaining food.

Goal #2: To decrease preterm labor and Small for Gestational Age (SGA) babies due to smoking.

Objective #2: To teach about problems related to smoking and encourage cessation, and to encourage mom to have regular prenatal visits.

Goal #3: To decrease preterm delivery due to preterm labor.

Objective #3: To teach signs and symptoms of preterm labor and encourage medical intervention if signs are noticed.

Goal #4: To decrease or eliminate the use of alcohol during pregnancy.

Objective #4: To teach signs and symptoms related to alcohol abuse during pregnancy and encouraging the client to practice abstinence. To also teach about the alcohol-related problems to the infant.

Goal #5: To eliminate the use of drugs during and after pregnancy.

Objective #5: To teach about the problems drug use causes for both the mom and the infant. To aid the client in accessing drug treatment.

Goal #6: To decrease pregnancy-related illnesses such as gestational diabetes, Pregnancy Induced Hypertension (PIH), and repeat Urinary Tract Infections (UTIs).

Objective #6: To teach the importance of early and regular prenatal visits with the doctor and to teach the signs and symptoms of pregnancy related illnesses and labor.

If the Individualized Pregnancy Completion Plan identifies that the client needs additional services, the nurse case manager refers the client to other community or government agencies that provide the additional client service. If the needed service is unavailable through the community or governmental agencies, the nurse case manager provides the additional client services directly if possible and oversees all other requirements of the Individualized Pregnancy Completion Plan (IPCP), in order to provide maximum effectiveness for each dollar expended and to ensure all requirements of the plan are performed and accomplished as specified in the ATA Services Requirements. This includes a written request to the state agency for these services essential for continuing the pregnancy as well as receipt of the state agency's approval prior to inclusion of the service in the IPCP. These services will only agree that the provision of other services must be considered essential to continue the pregnancy instead of having an abortion and must assist the client to becoming self-sustaining (See Item 8 below).

As an agency with the mission of preventing child abuse, neglect, and infant mortality, NFN includes multiple measures to ensure the health and safety of the mother and infant. For this reason, participating caregivers are initially and throughout the time of service assessed for domestic violence. Shortly after the birth of the child, the mother is also assessed for depression using the Edinburgh Postpartum Depression Screening scale. The infant's safety is continually monitored at each home visit and the NFN nurse case manager uses the guidance of the American Academy of Pediatrics Guidelines to assess the client's ability to provide a safe sleep environment for the infant.

The nurse case manager reviews and discusses the IPCP with the mother at a minimum of every thirty (30) calendar days in order to monitor progress and address any barriers to achievement of goals identified. This process continues until (1) completion of the services identified in the Individualized Pregnancy Completion Plan (IPCP), (2) all the specific objectives in the IPCP have been met, or (3) the client is discharged or disenrolled from the Alternatives to Abortion Program. The nurse case manager updates the IPCP as needed during such discussions in order to ensure the objectives and services continue to address the mother's needs.

6. Provide a detailed description of the case management process. Identify the hours of service including emergency coverage outside of business hours and weekends.

#### Case Management Process

##### Intake/Referral

Clients are referred to the Intake Department during pregnancy through self-referral or through community referrals based on medical, environmental, social or economic risk factors and ineligibility for other home visiting services. Referrals are received either by phone or by fax.

##### Case Management Processes/Initial Phase

The intake worker receives and inputs the client information into the database, and assigns the client to a nurse in the client's area. All referrals are assigned to a nurse within 48 hours of receiving the referral. All visits are documented and retained in our database for a period of at least 5 years and are then archived.

Our coordinated and comprehensive system assures that each client is:

- Assessed for the risk of abortion and for the need for additional services beyond case management;
- Allowed client-centered decision-making in developing the plan of care;
- Advised of all applicable limitations in advance; and
- Provided case management that links the client with needed services regardless of payment source for these services.

Clients are seen in their homes for a period of 1 or 2 hours or more as needed. Prior to entry into case management for the ATA program, but within the first two weeks of a referral, the RN/Case Manager will complete an *Individual Risk and Needs Assessment* Form with the client and submit this data to the state within 2 working days. The nurse/case manager also completes the *Initial Client Assessment* and submits this data to the state within two working days. This plan includes assessment for domestic violence. Within 10 days, using the information from the Individual Risk and Needs Assessment and the Initial Client Assessment and other information, the RN/Case Manager, together with the client prepare an *Individual Pregnancy Completion Plan*.

The most urgent issues and other information are documented on the Individual Pregnancy Continuation Plan/Family Support Plan, and this plan is reviewed and updated every 30 days until program completion, or when specific stated objectives have been met.

The RN/Case Manager documents in the IPCP the strategies for client education regarding available services and support systems as well as referrals for services and outcomes of the referrals. This plan also identifies any infant care concerns of the client and nurse, parenting skill needs as determined by the client and nurse, the course of action to address infant care and parenting skill concerns, and special considerations (such as needing visits at certain times.) In addition, pregnant women receive the following education, assessment, and comprehensive written educational materials (in their own language).

1. Education of normal fetal growth and development and normal discomforts of pregnancy.
2. Nutritional assessment/education.
3. Referral/coordination for childbirth classes.
4. Blood pressure/vital signs each visit.



5. Education regarding signs/symptoms of preterm labor.
6. Education re when to call physician.
7. Referral/coordination with smoking cessation/drug treatment programs, if appropriate.
8. Assessment of fetal activity.
9. Specific interventions per doctor's orders.
10. Help identifying factors/lifestyles associated with premature birth/damage to fetus.
11. Help with food, clothing, baby formula, diapers, cribs, and car seats, as needed.

All services are based on the strengths and needs of the family. Home visiting schedules vary by the risk factors and wishes of the families referred. Success of the program is based in the relationship that occurs between the nurse and the client. In order to facilitate that relationship and assist the mother with the achievement of goals, the nurse provides the mother with her agency cell phone number so that she can reach her or an on-call NFN nurse at any time. Clients also have access to the agency after hours help line in order to ensure availability of assistance as needed. During the past two years, NFN nurses have been trained in Motivational Interviewing which facilitates building relationships and enhances the effectiveness of those relationships.

Case Management and all other ATA program activity is directed at the accomplishment of specific program goals that correspond to the developmental relationship of the nurse case manager and the client. The primary goal is to maintain pregnancy and produce a healthy baby. The following goals help guide the activity of prenatal care:

Goal #1: To decrease malnutrition due to inadequate diet related to age, environment of neglect due to a lack of support or resources.

Objective #1: To teach components of a balanced diet and its importance, and to assist in obtaining food from NFN or from other resources in the community.

Goal #2: To decrease preterm labor and Small for Gestational Age (SGA) babies due to smoking.

Objective #2: To teach about problems related to smoking and encourage cessation, and to encourage mom to have regular prenatal visits.

Goal #3: To decrease preterm delivery due to preterm labor.

Objective #3: To teach signs and symptoms of preterm labor and encourage medical intervention if signs are noticed.

Goal #4: To decrease or eliminate the use of alcohol during pregnancy.

Objective #4: To teach signs and symptoms related to alcohol abuse during pregnancy and encouraging the client to practice abstinence. To also teach about the alcohol-related problems to the infant.

Goal #5: To eliminate the use of drugs during and after pregnancy.

Objective #5: To teach about the problems drug use causes for both the mom and the infant. To aid the client in accessing drug treatment.

Goal #6: To decrease pregnancy-related illnesses such as gestational diabetes, Pregnancy Induced Hypertension (PIH), and repeat Urinary Tract Infections (UTIs).

Objective #6: To teach the importance of early and regular prenatal visits with the doctor and to teach the signs and symptoms of pregnancy related illnesses and labor.

#### *Case Management Processes; Postpartum Mothers and Infants*

In addition to the activity noted above, as the mother returns home from the hospital, the nurse/case manager continues home visits that include:

1. Physical / emotional assessment
2. Assessment of home environment
3. Assessment of attachment/parenting skills
4. Nutritional assessment/educational materials
5. Information on signs of postpartum complications

## 6. Information regarding:

- a. Postpartum recovery process, including the process of uterine involution;
- b. Perineal and episiotomy care, hemorrhoids;
- c. Maternal rest and nutrition;
- d. Care of surgical incisions;
- e. Breast care, including breast self-examination;
- f. Medication instruction;
- g. Exercise program;
- h. Infant-care skills and infant safety;
- i. Infant nutrition and feeding methods;
- j. Postpartum blues / depression; (emotional health)
- k. Promotion and maintenance of health;
- l. Sexuality; (Reproductive life span)
- m. Assistance with material items: formula, diapers, baby layettes, and cribs.

NFN nurses supply the mothers with a folder of printed material (in their language) of the parenting skills taught during the visits. Parenting skills are taught at each visit appropriate to the infant's developmental level. Many teaching aids and handouts are utilized in conjunction with teaching the parenting skills over the period of the infant's first year of life.

NFN's RN/Case Manager routinely teaches infant CPR, what to do if the baby chokes, comforting techniques, age appropriate skills, breast feeding techniques, bottle feeding, formula preparation, signs of illness, and when to contact the doctor. Clients are supplied with a postnatal folder that contains literature and brochures concerning infant care, parenting skills, and age appropriate infant behavior. Using evidence based curriculum, the NFN's RN/Case Manager provides one-on-one parenting training with new mothers.

In addition to the activity focused on the mother, other infant specific activities are included in the ongoing nurse/case management process.

Initial assessment is performed by the RN Case Manager in the home. Typically, contact with the mother occurs within 48 hours and a visit is scheduled as needed, usually within 7 days after hospital discharge. Access is provided to the 24-hour helpline for questions/concerns. Home visits following the baby's birth include:

1. Physical assessment/weight check of the infant
2. Assessment of the home environment, including safety standards
3. Repeat metabolic screening, when indicated
4. Instruction in basic infant care/feeding
5. Instruction in infant CPR/obstructed airway technique
6. Referral to community agencies/medical care
7. Immunization information
8. Instruction on how to identify infant illness/when to seek help
9. Assistance in making initial appointment with doctor when indicated
10. Assessment for developmental delays and referral to First Steps and other community agencies as needed.

Case management continues throughout the ATA program year (and beyond, if indicated by client need, supported by other resources) with ongoing and final referral to resources appropriate to the developmental needs of the infant and her/his family.

The Goals and evaluation methods used to evaluate goal achievement for newborn infant care guide the activities of the nurse case manager and provide information for agency evaluation and quality improvement noted in items 10 and 11.

Goal #1: Decrease the incidence of child abuse and neglect by teaching parents positive parenting skills and teaching parents the signs and symptoms of illness.

Evaluation Method: The Division of Family Services will check the records for any reports of child abuse or neglect. DFS will provide NFN with the number of deaths for NFN clients, the number of reports of child abuse or neglect and the number of substantiated reports. This information will be gathered from DFS two years after the infant's birth.

Goal #2: Decrease the number of infants injured and killed from safety hazards in the home by educating the mother on what the safety hazards are to the infant at each stage of development.

Evaluation Method: This information will be collected from the mother and from medical records. The RN/Case Manager will track the information throughout the program. Medical records will be checked at the end of the program for any incidents that may not be reported by the mother.

Goal #3: Increase the number of infants who have received all immunizations needed by ages 3,6, and 12 months through educating the mother on the importance of immunizations and making her aware of health resources in her community and how to utilize them.

Evaluation Method: the RN/Case Manager will verify this information. All moms will be responsible for keeping a record of the infant's immunization records. If the validity of these records is in question, the RN/Case Manager will verify the records with the clinic. The Nurse will chart when the infants receive their immunizations on the documentation forms.

Goal #4: Parents in this program will have an understanding of parenting, infant care and community resources that will allow them to raise their children in a healthy, safe and positive environment.

Evaluation Method: This information will be tracked on the RN/Case Manager's documentation form. Participants will receive an evaluation form approximately one year after our services end. The evaluation form will ask what community resources they are currently using and affirm that they know how to access certain basic services such as Medicaid and WIC.

Goal #5: Mothers in this program will access prenatal care before the eighth month of pregnancy.

Evaluation Method: The RN/Case Manager assists participants in accessing proper prenatal care and teaches the value of prenatal care. The nurse follows up to assure that the client follows through with proper prenatal care and documents the teaching process and when the prenatal visits are made.

7. Provide a preliminary outline and description of the proposed content of the required trainings. Additionally, provide copies of any training materials (e.g. manuals, resource books, handouts, reinforcement materials) proposed for use in conducting the training sessions.

NFN does not conduct parenting education or parenting skills training in separate classes. However, NFN nurses provide prenatal education and parenting education and skills training. NFN's Clinical Guidelines for nurse home visits encourage promotion of cognitive skills, motor skills, valuing and comforting the child, and include the following additional topics:

- Up to 12 weeks – Prenatal care, Vitamins, Smoking during pregnancy, Alcohol during pregnancy, Healthy diet, Good nutrition, Normal weight gain, Morning sickness.
- 12 – 16 weeks – Exercise in pregnancy, Changes in your body, Triple screen test.
- 16 – 20 weeks – Back pain, Ultrasound. What does my baby look like?
- 20 – 24 weeks – UTI, Preterm labor, Reasons to breastfeed. What does my baby look like?
- 24 – 48 weeks – GDM, Anemia, Prenatal classes. What does my baby look like?
- 28 – 32 weeks – Birth plan, Preterm labor, Kick counts. What does my baby look like?
- 32 – 34 weeks – Pain control, Preeclampsia, Circumcision. What does my baby look like?
- 34 – 36 weeks – GBS, Labor signs and when to go to the hospital, Birth control options. What does my baby look like?
- 37 – 38 weeks – Preparing for breastfeeding.
- 39 weeks – What happens in labor, Safe Sleep following 2011 AAP Recommendations, first postpartum visit.

Additional topics as needed - Life Skills, Rest, STI's, Support System, Domestic Violence, Dental Health, Necessary Baby Items, Choosing a Pediatrician, Fetal Growth & Development.

8. Describe each of the Additional Client Services specified in the RFP. Explain the service delivery system including any referral network and referral plan. Describe the cultural competency of providers.

#### **Additional Client Services**

In addition to directly providing the prenatal and newborn services noted in the Case Management section above, the RN/Case Manager ensures care coordination of several additional services identified in the ATA Request for Proposal.

#### **Prenatal Care**

In addition to the prenatal care provided by the NFN nurse, the RN/Case Manager and client will work together to coordinate the prenatal care services needed including doctors, health centers, clinics and hospitals. The nurse case manager will ensure client's needs and resources are considered in decisions regarding location of doctor/clinic offices, hospitals, transportation limitations, and also in terms of monetary resources (health insurance, Missouri Health net, etc.). NFN works actively with many medical providers and works actively with the Medicaid HMO organizations to help ensure prenatal services.

#### **Medical Care**

The RN/Case Manager works with the client to ensure the client's access and use of a medical home. The RN/Case Manager will ensure that the client's needs and resources are considered in decisions regarding location of doctor/clinic offices, hospitals, transportation limitations, and also in terms of monetary resources (health insurance, Medicaid, etc.). NFN works actively with many medical providers and works actively with the Medicaid HMO organizations to help ensure linkage to primary medical care.

#### **Mental Health Care**

As with medical care, the RN/Case Manager and client work together to identify need and facilitate access to mental health services. NFN has noted that approximately 40% of clients in the past two years have had elevated levels of depression. For this reason, the agency has active linkage with regional and local mental health providers including those for acute mental health needs (Such as Behavioral Health Resources). In addition, many NFN nurses have been trained in Problem Solving Therapy, an evidence informed approach to addressing environmental factors that impact depression and other mental health conditions. NFN now has social workers who possess the capacity to provide in-home mental health services. The nurse case manager may draw upon any of these sources to meet the mental health issues of the pregnant woman, mother, father or other caregiver.

#### **Newborn or Infant Medical Care**

The RN/Case Manager and client will work together to ensure and coordinate the necessary medical services required by the infant, including doctors, health centers, clinics and hospitals. The Case Manager will ensure the caregiver's needs and resources are considered in decisions regarding location of doctor/clinic offices, hospitals, transportation limitations, and also in terms of monetary resources (health insurance, Medicaid, etc.). NFN works actively with many medical providers and works actively with Medicaid HMO organizations to help ensure linkage to medical care.

#### **Adoption Assistance**

NFN provides counseling, educational materials, emotional support, and guidance to any client who chooses to pursue this option. NFN may refer any client deciding to put their child up for adoption to Family Resource Center, Lutheran Family Services, and Catholic Services, or other adoption services in the client's area. If requested by the client, NFN RNs will accompany the client to meetings with adoption agencies and prospective adoptive parents.

#### **Child Care**

The NFN nurse refers any client needing this service to the appropriate referral agency, which will vary because of the wide geographical area covered. In some areas, NFN works closely with child care providers who are part of collaborative community efforts. In addition, NFN refers clients to organizations that maintain information about day care facilities in the region.

**Clothing**

Clothing for the infant born is frequently provided directly by the NFN nurse who distributes donated new or gently used clothing for families served by NFN. Clothing assistance for the mother is provided most often by referral to programs in the community such as "Dress for Success."

**Domestic Abuse Protection**

NFN protocols and training help prepare the nurse case manager to assist the caregiver with issues of domestic abuse, including the development of a safety plan. The nurse provides shelter and domestic violence printed information to the client in a manner that is attentive to the client's home situation. As noted earlier, the nurse remains available 24/7 to assist caregivers and maintains current knowledge of shelters that can assist when needed.

**Drug and Alcohol Testing and Treatment**

The NFN Nurse maintains information on drug and alcohol testing and treatment centers accessible to the clients served. The nurse provides this information and facilitates the referral as needed.

**Education Services**

The nurse case manager ensures the client participates in a formal education program designed to allow the client to advance toward a high school diploma, GED, business, vocational, technical training, or college undergraduate degree. Among the resources used by clients, the NFN nurse draws upon those provided by the following:

- 6) Department of Economic Development
- 7) Department of Elementary and Secondary Education
- 8) Coordinating Board of Higher Education
- 9) Department of Social Services
- 10) Community Resources
- 11) Community Action Agencies

**Food**

The nurse case manager ensures that the client is provided with food relating to pregnancy, newborn care, and parenting, through the WIC and food stamp programs. If needed, the nurse may refer the client to food pantries and/or provide direct food assistance, distributing food items donated for families served by NFN.

**Housing**

If identified in the client's Individualized Pregnancy Completion Plan, the NFN Case Manager helps ensure that the client has housing. The nurse case manager and client will contact the community or government agency(ies) listed below to obtain housing for the client:

- Department of Economic Development
- Department of Labor and Industrial Relations
- Department of Mental Health
- Community Resources
- Community Action Agencies

Other organizations frequently assisting NFN clients include Beyond Housing and Legal Services of Eastern Missouri. In order to ensure a safe place for the mother and child(ren), the nurse case manager may assist the client with emergency shelter, licensed residential care, or housing assistance. NFN has active referral and cooperative service arrangements with several shelters for women and children including Our Lady's Inn and Almost Home.

**Utilities:**

The Case Manager helps ensure that the pregnant woman is able to maintain critical utilities such as water, gas, and electricity. NFN has in place arrangements with Ameren Missouri, Laclede Gas, and several water companies to assist with preventing shut offs and/or returning services that are currently supported by ATA funds and a special NFN emergency assistance fund.

**Job Training and Placement**

If identified on the IPCP, the nurse case manager will help ensure the client is provided with a job training and placement program that facilitates and/or enhances the employability of the client and/or the father of the client's infant who might otherwise not qualify for help. The nurse case manager assists the client in contacting the community or government agency(ies) listed below for obtaining job training and placement program services:

- Department of Economic Development
- Department of Labor and Industrial Relations
- Department of Social Services

**Supplies**

If identified in the client's Individualized Pregnancy Completion Plan, the NFN Nurse case manager will ensure the client is provided with supplies relating to pregnancy, newborn care, and parenting. Most of these supplies will come directly from NFN including diapers, baby wipes, strollers, blankets and many other items to meet the needs of clients. These items are provided through donations to NFN. In addition, if the case manager determined that the client is unable to provide a safe sleep environment for the client's infant, the nurse will ensure that the client is provided with a Pack N' Play which meets the American Academy of Pediatrics' Guidelines.

**Transportation**

If identified in the IPCP, the nurse will assist the client with needed transportation in order for the client to access services identified in the IPCP. This may include the purchase of public transportation passes.

**Ultrasound Services**

The client's physician would order these services and the NFN nurse would assist the client with scheduling these services as needed.

**Other Services**

If identified in the IPCP, the NFN RN/Case Manager will ensure that the client is provided with additional client services related to (1) assisting the client in carrying the client's unborn child to term and to assist the client in caring for the client's dependent child(ren) or (2) placing the client's child for adoption.

**NFN service delivery system**

Nurses for Newborns maintains a list of some 1400 organizations that serve as referral sources for the clients served. A number of these organizations are active collaborators on local, state, or federal projects. Particularly helpful for this opportunity are the networks developed through the county wide tax authorities that link agencies serving children and families. (Children's Service Fund of St. Louis County and Community and Children's Resource Board of St. Charles County are two major networks.) Other networks have developed through collaborative interests of partner agencies (such as Project COPE in Jefferson County, Raising St. Louis, and the 24:1 Project in Normandy, Missouri.) *Referral Plan:* The nurse case manager utilizes the list of sources located in her computer database to aid the client with the needed information and then may assist the client through follow-up with the agency as needed. The referral and the outcome of the referral are documented in the client's electronic medical record, and included as appropriate in the updates of the IPCP.

**Cultural Competency of Providers**

Because cultural competency is a critical factor that impacts the effectiveness of NFN programs, NFN uses several strategies to ensure language and cultural competency. As noted elsewhere, NFN utilizes nurses who live in and have knowledge of the area in which the family resides. Staffing attempts to ensure racial and ethnic diversity so that nurses or Community Outreach Workers better understand and work with the cultural preferences of the families served. Language needs of the clients served are addressed directly by bilingual nurses or Community Outreach Workers or through the use of LAMP interpreters. As a component of the agency's health literacy grant awards, NFN nurses have received training in cultural competence and this issue is a part of ongoing agency training efforts. The use of mothers of the communities (Community Outreach Workers) to assist with language

and cultural issues with African American, Bosnian, Hispanic, and Vietnamese communities has also aided NFN in achieving greater cultural competence.

9. Describe how the information obtained in the client satisfaction survey is utilized to improve upon services provided.

Information received through the client satisfaction survey will be utilized in several ways. 1. The information will inform the nurse supervisor and the Chief Nursing Officer of the agency. The issues that relate to performance of the case manager role will be discussed in case management meetings held with ATA nurse visitor staff conducted after the December and June receipt of survey forms. 2. The information found in the survey that relates to other agency functions (such as intake or other staff that interact with the consumer) will be shared with the appropriate staff members. 3. Issues that relate to agency policies or procedures will be reviewed and addressed by the Chief Nursing Officer and other administrative personnel as required. Policy or procedures that require changing will be submitted to the agency medical or nursing subcommittees for final review and approval. 4. Issues that relate to the requirements of the ATA program that may not be addressed by Nurses for Newborns without approval of the State of Missouri's Office of Administration will be presented to the state director for consideration and guidance. In addition, the Director of Research and Quality conducts monthly satisfaction surveys. The results of these surveys and other quality improvement measures are reported quarterly to NFN leadership and home visiting staff, and this information links to the work of the agency's ongoing Quality Improvement Leadership team.

10. Describe the plan for developing and implementing an evaluation and continuous quality improvement plan. Include evidence of evaluation and continuous quality improvement process activities that evaluate (1) infrastructure, (2) method of delivery of services, (3) outcomes, and (4) compliance with standards and licensure.

NFN's commitment to evaluation and Continuous Quality Improvement includes a plan that details specific evidence of evaluation and CQI process activities that address each of the domains noted in items #10.

- a. Infrastructure: The setting and support for agency services is reviewed and evaluated through a variety of measures that engage staff, board, and consumers as well as external contractual or funding sources. *Environment* for service delivery is essentially the home of the infants and caregivers served. This physical environment, including its safety for the infant and family is evaluated by the nurse at the time of her visits. This information is noted in NFN's electronic record for the infant/family. Improvements and/or changes in home safety are also noted in the record by the nurse throughout the time of visiting. The safety of this environment for the nurse visitor is also evaluated. For this reason, nurses are introduced to home visiting safety measures during orientation and safety measures are reinforced at nurse staff meetings. Issues related to environmental safety for the home visitor are discussed and documented in nurse case management meetings as well as measures taken to ensure the safety of the visitor. *Equipment*: Nurse home visitors use a minimum of equipment including infant scales, thermometers, blood pressure cuffs and stethoscopes are evaluated for accuracy and effectiveness at the time when the nurse begins service and periodically as needed. An important piece of equipment for NFN nurses is their laptop computer that links the nurse in the field with the information from the agency office and provides a wide range of assessment and referral tools to aid the nurse and families she serves. The computer and the information database are supported by two agency information management staff who address computer questions/problems through remote linkage and respond to requests for additional measures to enhance the instrument's effectiveness. Additional enhancements and overall computer functioning are evaluated by Information Technology staff, nursing staff, and administration. *Staffing*: Staffing is based on the projected number of referrals that will be funded through existing sources and any newly awarded grants or contracts. Staffing qualifications (please see b below) are reviewed at the time of employment and reviewed annually. Levels of nurse staffing are periodically reviewed by nursing and agency leadership as well as through appropriate agency board committees. In addition, for some contracts, specific staff requirements are reviewed through the external auditing process of the contractual partner. *Written Policy*: All four sections of the Policy and Procedure manual have been updated and distributed to office and nursing staff. These sections include administrative, human resource, financial and nursing policies. The nursing policies address procedures for opening and closing cases, completing screening and assessment tools, consent forms, care plans (family service plans) and documentation requirements. Additionally, nurses base practice and case management decisions on 25 evidence based

clinical guidelines which address infant nutrition, growth, and development and maternal depression, domestic violence and substance abuse. All policies and procedures are reviewed annually and approved by the Executive Committee of the Board of Directors. In addition, the Contracts Manual has been updated and is included as a fifth section of the Policy and Procedure manual. The Contracts Manual has a section for each contract or grant explaining the goals of the program, eligibility requirements, requirements for visits, screening and assessment and documentation and reporting requirements.

- b. The Method of Delivery is described in Section A.12.A.3. All nurse/ case manager services are guided, monitored and evaluated through the nursing quality improvement program which has five elements:
  - \*Case Review- Every new referral is reviewed on Tuesdays by intake, contracts and nursing staff. These reviews include: referral source, client eligibility, compliance with nursing policies (contact within 24 hour, first visit scheduled within 72 hours, etc.), completion of contract requirements and review of client risk factors.
  - \*Case Management- Monthly Case Management meetings are conducted for programs and nursing staff. Nurses are required to attend 2/3 of Case Management meetings. Case Management meetings focus on client needs including screening and assessment, referrals, resource needs, client and family progress toward goals.
  - \*Supervisor Reviews-Supervisors provide comprehensive review for a minimum of 10% of nursing visits made each month. Supervisors review assessment, screening tools and follow up, referrals and follow up, risk factors and follow up, care plans (family support plans, and compliance with Nursing Policies (presence of consent forms, frequency of visits, for example). Supervisors document a sampling of visits each month utilizing a checklist containing elements taken from nursing policies and clinical guidelines. Checklists are summarized on a "dashboard" which is reviewed with each nurse every other month. Additionally, Medicaid managed care contracts require a review of 100% of notes and assessments for post partum visits (Molina) and prenatal visits. (Molina and Healthcare USA).
  - Ride-Alongs – Supervisors ride with their nurses at least once a year to observe the nurse and evaluate the nurse's performance and fidelity to NFN protocols.
  - Fidelity Reviews – Clients are contacted and asked a series of questions to determine whether NFN protocols were followed in their experience. This information is collected and presented to staff and the Quality Improvement Leadership team. This information and other quality measures assist in identifying areas for improvement.
  - \*Customer Feedback-In addition to a survey mailed to 100% of clients once a year, and the specific customer satisfaction survey that is mailed for ATA clients, the Nursing Department makes calls to 25 randomly selected clients each month to inquire about satisfaction with services. These calls are made by the department Administrative Assistant and results provided to the Chief Nursing Officer.
- c. Outcomes: In order to achieve the primary goal of maintaining the pregnancy to produce a healthy baby in a safe environment, Nurses for Newborns notes several specific objectives that serve as the basis of the program evaluation.
  - 1) 85% of the infants completing the program will not have a hot line call or substantiated report of the child abuse or neglect during the first 2 years of life.
  - 2) 90% of the infants completing this program will not have an injury from a household safety hazard.
  - 3) 85% percent of the infants completing the program will have current immunizations.
  - 4) 75% percent of mothers completing the program will access community resources appropriate to their needs.
  - 5) 90% percent of the mothers entering the program before the eighth month of pregnancy with no prenatal care will access prenatal care.

NFN programs are designed to be 24-month programs, with the preliminary outcomes typically reported on an annual basis. Data is gathered and entered into NFN's database. Evaluation is conducted on all clients who receive two or more visits. Outcomes are measured annually after the close of the fiscal year (6/30). The impact of programs on the clients are reported to agency administration and board as well as published in the agency's annual report. Information from the outcomes is used to see if outcomes may need be altered for the next year. These outcomes are also compared with area regional reports to monitor community impact of agency services.



Compliance with Standards and Licensure: As noted earlier, Nurse are required to graduate from an accredited (NLN) school of nursing and to maintain a current Missouri license. Licenses are verified in the Missouri State Board of Nursing database at the time of hire and at the time of renewal (every two years). Nurses must maintain current CPR certificates, have annual TB testing performed and obtain an annual flu shot. Background checks are performed through the Missouri State Highway Patrol and the MO Department of Health and Senior Services (Family Care Safety Registry) following the acceptance of a position. Fingerprinting is a required component of this hiring requirement. In addition, NFN maintains all other necessary state or local certificates (such as the Certificate of Good Standing) on an annual basis.

11. Identify the method of evaluation including indicators that can be measured for continuous quality improvement and capture the data necessary to evaluate the program impact. The plan should address plans and method to improve the program components and continuous quality improvement process activities.

NFN has developed a Quality Improvement Program to ensure that quality, cost effective services are provided for the agency's maternal, family, and newborn patients. NFN's Quality Improvement Program monitors and measures agency activity in order to continuously improve the quality of patient care, client satisfaction, and the efficiency and effectiveness of operations through an objective and systematic procedures.

Nurses for Newborns Quality Improvement Program includes the following:

1. Program Fidelity: This is measured through weekly fidelity phone surveys. The surveys focus on provision of education and patient assessments. The results of these surveys are assembled for monthly fidelity validation reports. These reports are reviewed by NFN nursing and administrative staff and reviewed monthly at NFN's Quality Improvement Leadership team meeting.
2. Data Accuracy: Monthly data review to evaluate improvements on data collection.
3. Quarterly and Annual review of stated objectives and risk factors.
4. Time and effort review to evaluate and improve rates of time spent on direct client care and amount of time spent on indirect staff time.
5. Monthly Quality Improvement Leadership team meetings that reviews the information noted above as well as:
  - o Reviews conversion and retention tracking,
  - o Identifies quality improvement opportunities that initiate quality improvement projects,
  - o Conducts quarterly RN inquires about experiences and changes in clients served.

Indicators for achievement of quality Improvement Objectives include the comparison of actual achievement with the outcome objectives noted earlier in this document. Nursing/Care Management indicators are delineated in the nursing quality improvement program. These include specific criteria for the following indicators:

- 1) Number of referrals completed within 48 hours; 2) Correctness and timeliness of written reports; 3) compliance with nursing policies (contact within 24 hours, first visit scheduled within 72 hours, etc.) 3) completion of contract requirements 4) Completion and proper use of screening assessments (such as Depression Assessment 5) Follow-up on referrals to community resources 6) Completion of care plans and goal completion. 7) Customer satisfaction with services provided.

All visits are documented and entered into the agency's electronic database allowing Quality Improvement staff, the nurse, and nursing administration to monitor and evaluate quality of service. Additionally, quality improvement is evaluated through the other measures including supervisory review, case management, external program audits conducted by contracting agencies and through client feedback reported through agency and program specific (such as ATA) surveys.

When practice standards are not achieved, the measures noted above serve to identify the problem and provide consultation and other actions to facilitate improvement. As noted earlier, program outcomes are compared with the standards specified. The quarterly, and annual evaluation of these outcomes, are an important part of the quality improvement process, and aid in identifying agency improvement actions such as professional training or changes in agency protocol. An example of this process was the identification of the fact that some outcomes for African American clients were slightly less positive than for Caucasian clients. In addition to continuing to

determine causes for this difference, this finding reinforced the agency's efforts to enhance cultural competence and inclusion, and increase the number of African American home visitors.

12. Organizational Chart - The vendor should provide an organizational chart showing the staffing and lines of authority for the key personnel to be used. The organizational chart should include (1) The relationship of service personnel to management and support personnel, (2) The names of the personnel and the working titles of each, and (3) Any proposed subcontractors including management, supervisory, and other key personnel.

The Chart that is found as the first Attachment in the "Attachment" section identifies NFN's nurses who currently provide Alternatives to Abortion services and the relationship of these team members with each other and the management structure of NFN. (Please See Organizational Chart found as the first document in the "Attachment" section of this response.)

13. Along with a detailed organizational chart, the vendor should describe the following:

- How services of the contract will be managed, controlled, and supervised in order to ensure satisfactory contract performance.

Services are managed, controlled and supervised through the coordinated activity of the Intake department, the assigned nurse, the Chief Nursing Officer (CNO), and the Chief Financial Officer. The family enters the system through Intake where initial client need and program relevance is determined. If the client qualifies by geography and situation for the program sponsored by the state agency, the information is referred to the contract coordinator who ensure that the basic contract eligibility requirements are met. The case is then assigned to the nurse serving the geographic area. The nurse visits the family and then begins management of the care of the family. The Chief Nursing Officer (CNO) and nursing supervisors supervise the nurse. Both the nurse and the nursing supervisor confer with the contract manager regarding questions relating to contractual obligations and opportunities. The nurse documents assessments, screenings, patient education and referral electronically. The nurse supervisor uses these notes to monitor the family progress and the nurse's interventions. The nurse also maintains the records related to classes conducted including the list of those attending. All of this information is directed monthly to the Contract Manager who uses it for invoicing and reporting. Overall operations of the contract are reviewed and monitored by the Chief Nursing Officer Ron Tompkins, and financial reports and management are overseen by the agency Chief Financial Officer, Mary Lou March. Melinda Ohlemiller, agency CEO has the final responsibility for all operations and will report to the agency Board of Directors on the contract's performance.

- Total Personnel Resources - The offeror should provide information that documents the depth of resources to ensure completion of all requirements on time and on target. If the offeror has other ongoing contracts that also require personnel resources, the offeror should document how sufficient resources will be provided to the State of Missouri.

In order to provide services to a significant geographic region and meet the obligations of the grants and contracts that help support the cost of service, NFN maintains a staff of 27 direct care nurse case managers, 6 "non-professional" case managers, 3 Intake/contract staff, 2 MSN staff, and directors of research, technology, and social services in addition to the nurse supervisory and administrative staff. The organizational chart included above identifies the number and diversity of staff at NFN who will provide services directly or in support of the ATA contract. Although staff provide services for clients in the ATA contract as well as for other contracts, caseloads and support capacity are continually monitored to ensure appropriate levels of staffing to ensure that sufficient resources are provided for this contract with the state of Missouri. Furthermore, because NFN has been providing ATA services for several years and is a current contractor providing services to 110 clients, it anticipates continuing its capacity to meet the number of families (110) projected.

14. Economic Impact to Missouri - The vendor should describe the economic advantages that will be realized as a result of the vendor performing the required services. The vendor should respond to the following:
- Provide a description of the proposed services that will be performed and/or the proposed products that will be provided by Missourians and/or Missouri products.
  - Provide a description of the economic impact returned to the State of Missouri through tax revenue obligations.
  - Provide a description of the company's economic presence within the State of Missouri (e.g., type of facilities: sales offices; sales outlets; divisions; manufacturing; warehouse; other), including Missouri employee statistics.

Nurses for Newborns' economic presence in Missouri can be seen in several ways. The agency leases a 9,000 square foot office building in St. Louis County. This facility provides space for NFN's nursing and support staff as well as limited warehouse space for items donated for families served by NFN. The building owner pays taxes to the state of Missouri and St. Louis County. The income that NFN's staff receive provide an even more significant impact on the Missouri economy. Over \$2,400,000 of salaries support the 50 staff members who live and shop in Missouri. Lastly, because NFN services have demonstrated their effectiveness in preventing child abuse and neglect, the medical, institutional and legal costs associated with this tragedy are eliminated for families at significant risk. Cost analysis for the economic impact of nurse visitation finds that every dollar spent in this prevention activity results in \$5.00 in savings to the community. (Brookings, 2011) Nobel Prize winner, Dr. James Heckman notes that interventions at this earliest phase of development provide the most dramatic return on investment, impacting infant health, as well as child educational and adult earning potential. (*The Heckman Equation*, 2016)

**EXHIBIT C**

## IMPLEMENTATION PLAN

**Implementation or Readiness Plan** - The vendor should sequentially list and briefly describe the tasks or events proposed for the implementation of the required services. If no tasks or events are required, the vendor should provide a statement of readiness. For each task/event identified, the vendor should identify the number of days required to complete the task/event, the personnel proposed to perform the task/event, and the number of work hours for each person.

- **Completion Day** should be specified as a certain number of days from state agency authorization to proceed with services until completion of the specific task and should be expressed as calendar days, not specific dates.
- **Assigned Personnel** should be identified by name rather than project title unless such personnel are yet to be hired.
- **Workhours** should indicate that time each assigned person will spend on the specific task.

[illegible]

EXHIBIT HCLIENT SCENARIO

The vendor should present a written narrative which demonstrates the method or manner in which the vendor proposes to satisfy the requirements of the Request for Proposal to conduct Alternatives to Abortion Program services for the client situation described below. The vendor should provide a not-to-exceed total price with a price analysis for the client services identified in the narrative.

\*\*\*\*\*

Jane Doe has recently learned that she is 12 weeks pregnant.

Jane is 24 years old and a high school graduate with no post-secondary education. Jane has three other children, ages 6, 4, and 18 months. The father of the new baby does not work, and Jane is unsure if he will stay involved once the baby arrives.

Jane works part time at a fast food restaurant making \$8 an hour, but she would someday like to become a nurse. Jane lives in a two bedroom apartment with her three children, but she struggles to pay rent each month. Jane has an old minivan which she uses to get to work, but it frequently breaks down. Jane has never applied for any public assistance programs.

Jane lives in a rural area, about 25 miles from the contractor's service location and has contacted your organization to access the Alternatives to Abortion Program Services and intends to continue with services until 12 months post-partum.

**Narrative:**

Jane contacts Nurses for Newborns to access the Alternatives to Abortion Program. She is connected with NFN's Intake Coordinator, who secures information on Jane's risks and information on the location of her home. Additionally, the Intake Coordinator inquires after Jane's connections with MO HealthNet Prenatal Case Management, Building Blocks of Missouri, Missouri Community-Based Home Visiting Program, and Healthy Start program. Hearing that Jane has availed herself of none of these options, the Intake Coordinator makes a note in Jane's intake. After verifying Jane's eligibility for ATA, the Intake Coordinator assigns Jane to her nurse/case manager, Caroline, who lives in the same area. After accepting the referral, Jane's intake information is electronically made accessible to Caroline's computer.

Because of Jane's interest and risks, she is eligible to receive Nurses for Newborns Home Visitation Program. Within 24 hours of receiving Jane's referral, Caroline contacts Jane to explain the ATA program and NFN's Home Visitation services in order to conduct an initial assessment, and to schedule an initial home visit. Caroline and Jane work together to ensure Jane feels well-informed about the program and is willing to participate. As per ATA guidelines, Caroline conducts an initial assessment to address any of Jane's urgent issues. At this time, she learns of Jane's need for rental assistance. Caroline works within the Nurses for Newborns system to access funds to bring Jane up-to-date on her rent, accessing ATA funds only after all other existing agency and community resources have been exhausted. Should any additional needs for rent, utility, or transportation assistance arise, Caroline will again work within the NFN structure to provide Jane with the resources she needs, referring to ATA funds only when all other sources have been exhausted. Caroline also follows up with Jane regarding the Intake Coordinator's referrals to MO HealthNet Prenatal Case Management, Building Blocks of Missouri, Missouri Community-Based Home Visiting Program. Caroline identifies any barriers that have prevented Jane from accessing these programs and assists her with making phone calls to the appropriate offices and arranging for transportation, if necessary.

Caroline makes her first home visit with Jane within one week of receiving her referral. At the first visit, Jane and Caroline talk about Jane's expectations of the program and her reasons for contacting Nurses for

Newborns. Caroline collects information about Jane and performs routine medical checks including blood pressure, weight, and an overall well mother check. Caroline assesses Jane's support system as well as the overall health and safety of Jane's environment including a domestic violence assessment and notes any materials or resources that Jane needs for her health and safety or, as her pregnancy progresses, for the health and safety of her baby. Caroline also speaks with Jane about the resources available to her through her community health centers, government assistance programs (especially WIC, and the Supplemental Nutritional Assistance Program), and initially assists her with making the initial phone call to MOHealthNet and her local health department for access to these programs. Caroline also works with Jane to help arrange for the transportation required to complete paperwork for enrollment. This cost will require ATA approval. At their next visit, Caroline and Jane work together to create Jane's Individualized Pregnancy Completion Plan (IPCP) addressing Jane's most urgent needs (e.g. rental assistance, securing governmental assistance, and prenatal care), setting measurable goals (e.g. exercising 2x week and eating fresh foods), identify information Jane needs and develop strategies for obtaining it (e.g. childcare options, how to enroll for WIC, etc) and outcomes goals for referrals (e.g. schedule and keep 3 appointments/month with appropriate agencies). Jane and Caroline each retain a copy to ensure Jane's goals are met and to track their progress. At each subsequent meeting, Jane and Caroline review the IPCP, make note of any progress, and adjust timelines and goals accordingly. Before concluding their visit, Caroline works with Jane to schedule their next visit, reminds Jane that she is available to her 24/7, and provides Jane with a business card containing her contact information and on-call cell phone number. Carolyn encourages Jane to secure prenatal care services and helps Jane select a local provider that provides prenatal care. Transportation to the first visit is arranged, using the transportation program that will help with the trip to the WIC office (one trip for both services.)

After the initial visit, Caroline monitors and documents Jane's progress with her pregnancy, overall physical and mental well-being, and material needs in the electronic medical record. She works within the Nurses for Newborns system to access funds to bring Jane up-to-date on her rent, accessing ATA funds only after all other existing agency and community resources have been exhausted. Should any additional needs for rent, utility, or transportation assistance arise, Caroline will again work within the NFN structure to provide Jane with the resources she needs, referring to ATA funds only when all other sources have been exhausted.

After meeting twice in the first month, Caroline and Jane continue to meet monthly throughout the duration of her pregnancy, and at each visit they move through NFN's evidence-based parent education curriculum. Through this process and their time together, Jane learns valuable skills such as nutrition management, pain management during labor, relaxation techniques, self-care, and problem-solving strategies. As Jane's due date nears, Caroline obtains any items needed through Nurses for Newborns' donation bank (e.g. clothing, diapers, bassinets/cribs, breast pumps, formula, etc). Caroline also explores Jane's understanding of the relationship of the infant's father. Caroline learns that the relationship was generally positive and that the father still visits and has said he wants to be helpful. Caroline reviews the benefits of the father's support and interest with the infant and gives Jane information on education and parenting programs that may be of interest to the father.

Once Jane's baby arrives, Caroline contacts her to schedule a visit within 72 hours of their hospital discharge. Jane's baby has some medical concerns that require additional attention. At the home visit, Caroline assesses the baby's height, weight, feeding habits, and other health indicators to ensure the child is healthy and help Jane to know when to call her or the doctor. Additionally, Caroline continues to assess Jane's mental wellness using the Edinburgh Post Partum Depression Screen. Jane's score is higher than the acceptable range so Caroline encourages Jane to access a local mental health service to help her maintain her health at a time that is very frequently problematic for many mothers. Reluctantly, Jane agrees and selects a provider that accepts MOHealth Net. At each home visit, Caroline answers Jane's questions regarding feeding, diaper changes, understanding what her baby needs and when, and reassures her about her ability as a mother. Caroline assists Jane in making her appointments with the pediatrician and makes arrangements with MOHealth Net to cover the cost of transportation. Jane and Caroline review SIDS prevention strategies (e.g. placing the baby on his back to sleep, eliminating use of pillows in the crib; not allowing any choking or suffocation hazards near baby's face), the Safe Homes checklist provided by Washington University, diapering and feeding skills, and infant CPR. Caroline also refers Jane to her local Parents-as-Teachers

program and assists her with making the initial phone call. Caroline reviews crib safety and uses the American Academy of Pediatrics materials to assess infant sleep safety. Caroline then secures a safe Pack N Play bed that was given to Nurses for Newborns and gives it to Jane to help ensure the infant's sleep safety.

For the first month of the baby's life, Caroline visits with Jane once per week to ensure both she and her baby are healthy, safe and well cared for. Once Jane is comfortable with doing so, Caroline decreases her visits to 2x/month. Once Jane and her baby reach a point of stability (in the fourth month), visits continue on a monthly basis. Throughout their time together, Caroline remains on call 24/7 should Jane need any assistance, advice, or support.

As the baby grows and develops, Caroline conducts developmental assessments using the ASQ-III to ensure his growth and development is on track and identify any special needs as early as possible. In alignment with NFN's outcomes, Caroline also educates Jane on the importance of getting her baby's immunizations on schedule and follows up with Jane's doctors to ensure the immunizations are taking place. She encourages Jane to maintain the "medical home," where she and her child can continue to develop a relationship with a physician team and have access to quality care. Through Caroline, Jane is able to access age-appropriate books for her child through the donation-based NFN Lending Library. Through this program, Caroline brings books from the NFN office to Jane's home. Once finished with the books, Jane returns them to Caroline at the next visit and is loaned new books in their place. Caroline also advises Jane to connect with her local library. With Caroline's encouragement, Jane continues her well baby medical visits with the assistance of the infant's father who has a car and is willing to take Jane and the baby when he is not at school or his part time employment.

Once her baby reaches 6 months of age, Jane and Caroline begin their termination plan from the ATA program. Caroline and Jane work together to identify community programs to assist Jane with any remaining needs. They review the IPCP and make arrangements to complete any outstanding tasks or goals. At the end of the service period, Jane and her baby remain safely housed, have established a medical home, have received all scheduled immunizations, have made no inappropriate emergency room visits, and have had no substantiated reports of child abuse or neglect. Jane has created and executed an Individualized Pregnancy Completion Plan, has received information about the benefits of higher education, connected with a GED program, and been trained in relaxation and problem solving techniques. Jane has demonstrated appropriate care of her infant, helping the baby to grow and develop physically and socially. Jane has been connected with PAT and other community resources and government assistance programs and knows how to access them. Although Jane becomes ineligible for ATA service at the end of the 12<sup>th</sup> month of NFN ATA service, Jane plans to continue with the NFN Teen parent program so that the nurse can continue to visit her periodically for a few more months and remain available for assistance as her infant continues to develop and as Jane begins to re-engage her educational career through a local community college.

**Cost Related to NEN Service for ATA Client Jane Doe****Home Visit Professional Case Management**Prenatal Visits

Month 1 2 visits, 3 hours  
 Month 2 1 visit, 1 hour  
 Month 3 1 visit, 1 hour  
 Month 4 1 visit, 1 hour  
 Month 5 1 visit, 1 hour

Postpartum Visits

Month 5 4 visits, 6 hours  
 Month 6 2 visits, 2 hours  
 Month 7 2 visits, 2 hours  
 Month 8 2 visits, 2 hours  
 Month 9 1 visit, 1 hour  
 Month 10 1 visit, 1 hour  
 Month 11 1 visit, 1 hour  
 Month 12 1 visit, 1 hour  
 Month 13 1 visit, 1 hour  
 Month 14 1 visit, 1 hour  
 Month 15 1 visit, 1 hour  
 Month 16 1 visit, 1 hour  
 Month 17 1 visit, 1 hour  
 Month 18 1 visit, 1 hour

**Total:** 24 visits, 27 hours X \$36.00 per hour: \$ 972.00

Rental Assistance

Rental Assistance in Month 1= \$500.00

Transportation Cost

Cost of Transport Car- Trip to and from WIC and Clinic: \$45.00

**Total Cost of Additional Services:** \$ 545.00

**Total Direct Cost** \$1517.00

**Administrative Cost: 8%** 121.36

**Total Program Cost of Service billings to ATA for Jane Doe: \*** \$1638.36

\*Billing cost does not include contributed materials that for Jane would equate to approximately \$180.00



## **MBE/WBE, Disabled Veteran, and Blind/Sheltered Workshop Participation**

**Nurses for Newborns Does Not Qualify for Participation  
In any of these Programs**

**EXHIBIT I**  
**PARTICIPATION COMMITMENT**

**Minority Business Enterprise/Women Business Enterprise (MBE/WBE) and/or Organization for the Blind/Sheltered Workshop and/or Service-Disabled Veteran Business Enterprise (SDVE) Participation Commitment** – If the vendor is committing to participation by or if the vendor is a qualified MBE/WBE and/or organization for the blind/sheltered workshop and/or a qualified SDVE, the vendor must provide the required information in the appropriate table(s) below for the organization proposed and must submit the completed exhibit with the vendor's proposal.

For Minority Business Enterprise (MBE) and/or Woman Business Enterprise (WBE) Participation, if proposing an entity certified as both MBE and WBE, the vendor must either (1) enter the participation percentage under MBE or WBE, or must (2) divide the participation between both MBE and WBE. If dividing the participation, do not state the total participation on both the MBE and WBE Participation Commitment tables below. Instead, divide the total participation as proportionately appropriate between the tables below.

Place a check in the appropriate box below for the region proposed. There should only be **ONE** box checked. If proposing multiple regions, copy and complete this Participation Commitment Exhibit for each proposed region.

**NURSES FOR NEWBORNS DOES NOT QUALIFY FOR PARTICIPATION**

Region				
<input type="checkbox"/> Region 1	<input type="checkbox"/> Region 2	<input type="checkbox"/> Region 3	<input type="checkbox"/> Region 4	<input type="checkbox"/> Region 5
<input type="checkbox"/> Region 6	<input type="checkbox"/> Region 7	<input type="checkbox"/> Region 8	<input type="checkbox"/> Region 9	

MBE Participation Commitment Table		
(The services performed or the products provided by the listed MBE must provide a commercially useful function related to the delivery of the contractually-required service/product in a manner that will constitute an added value to the contract and shall be performed/provided exclusive to the performance of the contract.)		
Name of Each Qualified Minority Business Enterprise (MBE) Proposed	Committed Percentage of Participation for Each MBE (% of the Actual Total Contract Value)	Description of Products/Services to be Provided by Listed MBE  <i>The vendor should also include the paragraph number(s) from the RFP which requires the product/service the MBE is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.</i>
1.	%	Product/Service(s) proposed:  RFP Paragraph References:
2.	%	Product/Service(s) proposed:  RFP Paragraph References:
3.	%	Product/Service(s) proposed:  RFP Paragraph References:
4.	%	Product/Service(s) proposed:  RFP Paragraph References:
<b>Total MBE Percentage:</b>	%	

**EXHIBIT I, continued**

<b>WBE Participation Commitment Table</b>		
(The services performed or the products provided by the listed WBE must provide a commercially useful function related to the delivery of the contractually-required service/product in a manner that will constitute an added value to the contract and shall be performed/provided exclusive to the performance of the contract.)		
<b>Name of Each Qualified Women Business Enterprise (WBE) proposed</b>	<b>Committed Percentage of Participation for Each WBE (% of the Actual Total Contract Value)</b>	<b>Description of Products/Services to be Provided by Listed WBE</b> <i>The vendor should also include the paragraph number(s) from the RFP which requires the product/service the WBE is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.</i>
1.	%	Product/Service(s) proposed: RFP Paragraph References:
2.	%	Product/Service(s) proposed: RFP Paragraph References:
3.	%	Product/Service(s) proposed: RFP Paragraph References:
4.	%	Product/Service(s) proposed: RFP Paragraph References:
<b>Total WBE Percentage:</b>	%	

<b>Organization for the Blind/Sheltered Workshop Commitment Table</b>	
By completing this table, the vendor commits to the use of the organization at the greater of \$5,000 or 2% of the actual total dollar value of contract.	
(The services performed or the products provided by the listed Organization for the Blind/Sheltered Workshop must provide a commercially useful function related to the delivery of the contractually-required service/product in a manner that will constitute an added value to the contract and shall be performed/provided exclusive to the performance of the contract.)	
<b>Name of Organization for the Blind or Sheltered Workshop Proposed</b>	<b>Description of Products/Services to be Provided by Listed Organization for the Blind/Sheltered Workshop</b> <i>The vendor should also include the paragraph number(s) from the RFP which requires the product/service the organization for the blind/sheltered workshop is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract</i>
1.	Product/Service(s) proposed: RFP Paragraph References:
2.	Product/Service(s) proposed: RFP Paragraph References:

**EXHIBIT I, continued**

<b>SDVE Participation Commitment Table</b>		
(The services performed or the products provided by the listed SDVE must provide a commercially useful function related to the delivery of the contractually-required service/product in a manner that will constitute an added value to the contract and shall be performed/provided exclusive to the performance of the contract.)		
<b>Name of Each Qualified Service-Disabled Veteran Business Enterprise (SDVE) Proposed</b>	<b>Committed Percentage of Participation for Each SDVE (% of the Actual Total Contract Value)</b>	<b>Description of Products/Services to be Provided by Listed SDVE</b> <i>The vendor should also include the paragraph number(s) from the RFP which requires the product/service the SDVE is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.</i>
1.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
2.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
<b>Total SDVE Percentage:</b>	%	

**EXHIBIT J****DOCUMENTATION OF INTENT TO PARTICIPATE**

If the vendor is proposing to include the participation of a Minority Business Enterprise/Women Business Enterprise (MBE/WBE) and/or Organization for the Blind/Sheltered Workshop and/or qualified Service-Disabled Veteran Business Enterprise (SDVE) in the provision of the products/services required in the RFP, the vendor must either provide a recently dated letter of intent, signed and dated no earlier than the RFP issuance date, from each organization documenting the following information, or complete and provide this Exhibit with the vendor's proposal.

Place a check in the appropriate box below for the region proposed. There should only be ONE box checked. If proposing multiple regions, copy and complete this Documentation of Intent to Participate form for each proposed region.

Region				
<input type="checkbox"/> Region 1	<input type="checkbox"/> Region 2	<input type="checkbox"/> Region 3	<input type="checkbox"/> Region 4	<input type="checkbox"/> Region 5
<input type="checkbox"/> Region 6	<input type="checkbox"/> Region 7	<input type="checkbox"/> Region 8	<input type="checkbox"/> Region 9	

~ Copy This Form For Each Organization Proposed ~

Vendor Name: **NURSES FOR NEWBORNS DOES NOT QUALIFY FOR PARTICIPATION**

**This Section To Be Completed by Participating Organization:**

By completing and signing this form, the undersigned hereby confirms the intent of the named participating organization to provide the products/services identified herein for the vendor identified above.

Indicate appropriate business classification(s):

☐ MBE ☐ WBE ☐ Organization for the Blind ☐ Sheltered Workshop ☐ SDVE

Name of Organization: \_\_\_\_\_

(Name of MBE, WBE, Organization for the Blind, Sheltered Workshop, or SDVE)

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address (If SDVE, provide MO Address): \_\_\_\_\_

Phone #: \_\_\_\_\_

City: \_\_\_\_\_

Fax #: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Certification # \_\_\_\_\_

SDVE's Website \_\_\_\_\_

Certification (or attach copy of certification)

Address: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Service-Disabled \_\_\_\_\_

SDV's Signature: \_\_\_\_\_

Veteran's (SDV) Name: \_\_\_\_\_

(Please Print)

**PRODUCTS/SERVICES PARTICIPATING ORGANIZATION AGREED TO PROVIDE**

Describe the products/services you (as the participating organization) have agreed to provide:

---



---



---

**Authorized Signature:**

\_\_\_\_\_  
 Authorized Signature of Participating Organization  
 (MBE, WBE, Organization for the Blind, Sheltered Workshop, or SDVE)

\_\_\_\_\_  
 Date  
 (Dated no earlier than the RFP  
 issuance date)

**EXHIBIT J, continued****DOCUMENTATION OF INTENT TO PARTICIPATE****SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE (SDVE)**

If a participating organization is an SDVE, unless the Service-Disabled Veteran (SDV) documents were previously submitted within the past five (5) years to the Division of Purchasing (Purchasing), the vendor **must** provide the following SDV documents:

- a copy of the SDV's award letter from the Department of Veterans Affairs or a copy of the SDV's discharge paper (DD Form 214, Certificate of Release or Discharge from Active Duty), AND
- a copy of the SDV's documentation certifying disability by the appropriate federal agency responsible for the administration of veterans' affairs.

(NOTE: The SDV's award letter, the SDV's discharge paper, and the SDV's documentation certifying disability shall be considered confidential pursuant to subsection 14 of section 610.021, RSMo.)

The vendor should check the appropriate statement below and, if applicable, provide the requested information.

- ☐ No, I have not previously submitted the SDV documents specified above to the Purchasing and therefore have enclosed the SDV documents.
- ☐ Yes, I previously submitted the SDV documents specified above within the past five (5) years to the Purchasing.

Date SDV Documents were Submitted: \_\_\_\_\_

Previous Proposal/Contract Number for Which the SDV Documents were Submitted:  
\_\_\_\_\_  
(if applicable and known)

(NOTE: If the proposed SDVE and SDV are listed on the Purchasing SDVE database located at <http://content.oa.mo.gov/sites/default/files/sdvelisting.pdf>, then the SDV documents have been submitted to the Purchasing within the past five [5] years. However, if it has been determined that an SDVE at any time no longer meets the requirements stated above, the Purchasing will remove the SDVE and associated SDV from the database.)

**FOR STATE USE ONLY**

SDV Documents - Verification Completed By:

\_\_\_\_\_  
Buyer

\_\_\_\_\_  
Date

## Miscellaneous

**EXHIBIT M****MISCELLANEOUS INFORMATION****Outside United States:**

If any products and/or services offered under this RFP are being manufactured or performed at sites outside the United States, the vendor MUST disclose such fact and provide details in the space below or on an attached page.

Are any of the vendor's proposed products and/or services being manufactured or performed at sites outside the United States?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If YES, do the proposed products/services satisfy the conditions described in section 4, subparagraphs 1, 2, 3, and 4 of Executive Order 04-09? (see the following web link: <a href="http://sfsos.mo.gov/CMSImages/Library/Reference/Orders/2004/eo04_009.pdf">http://sfsos.mo.gov/CMSImages/Library/Reference/Orders/2004/eo04_009.pdf</a> )	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>If YES, mark the appropriate exemption below, and provide the requested details:</p> <p>1. <input type="checkbox"/> Unique good or service. • EXPLAIN: _____</p> <p>2. <input type="checkbox"/> Foreign firm hired to market Missouri services/products to a foreign country. • Identify foreign country: _____</p> <p>3. <input type="checkbox"/> Economic cost factor exists • EXPLAIN: _____</p> <p>4. <input type="checkbox"/> Vendor/subcontractor maintains significant business presence in the United States and only performs trivial portion of contract work outside US. • Identify maximum percentage of the overall value of the contract, for any contract period, attributed to the value of the products and/or services being manufactured or performed at sites outside the United States: ____ % • Specify what contract work would be performed outside the United States: _____</p>		

**Employee/Conflict of Interest:**

Vendors who are elected or appointed officials or employees of the State of Missouri or any political subdivision thereof, serving in an executive or administrative capacity, must comply with sections 105.450 to 105.458, RSMo, regarding conflict of interest. If the vendor or any owner of the vendor's organization is currently an elected or appointed official or an employee of the State of Missouri or any political subdivision thereof, please provide the following information:

Name and title of elected or appointed official or employee of the State of Missouri or any political subdivision thereof:

If employee of the State of Missouri or political subdivision thereof, provide name of state agency or political subdivision where employed:

Percentage of ownership interest in vendor's organization held by elected or appointed official or employee of the State of Missouri or political subdivision thereof:

\_\_\_\_ 0 \_\_\_\_ %



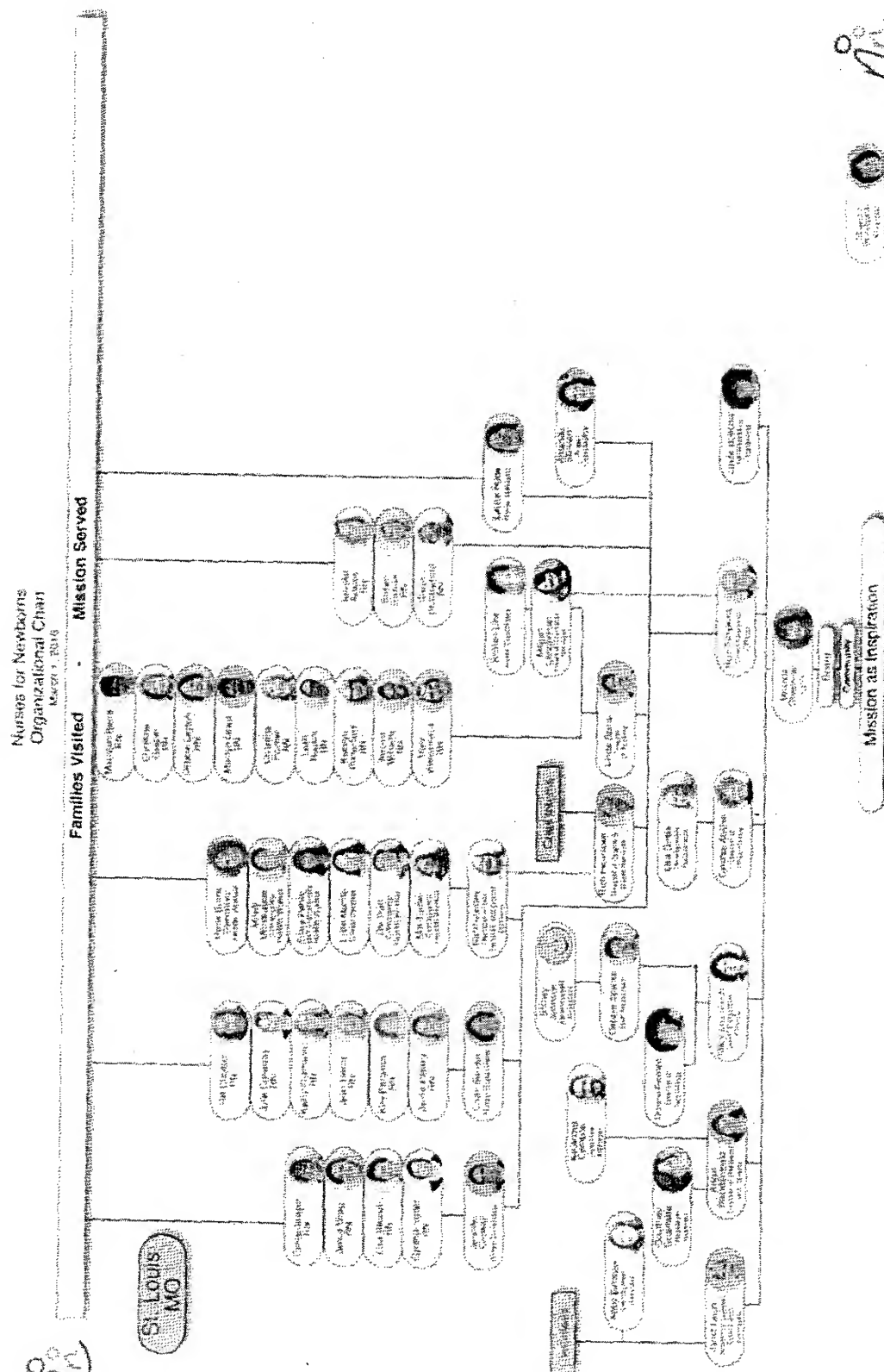
**EXHIBIT M, continued****Registration of Business Name (if applicable) with the Missouri Secretary of State:**

The vendor should indicate the vendor's charter number and company name with the Missouri Secretary of State. Additionally, the vendor should provide proof of the vendor's good standing status with the Missouri Secretary of State. If the vendor is exempt from registering with the Missouri Secretary of State pursuant to section 351.572, RSMo., identify the specific section of 351.572 RSMo., which supports the exemption.

N00045261	Nurses for Newborns
<i>Charter Number (if applicable)</i>	<i>Company Name</i>
If exempt from registering with the Missouri Secretary of State pursuant to section 351.572 RSMo., identify the section of 351.572 to support the exemption:	

PLEASE SEE COPY OF CERTIFICATE OF GOOD STANDING  
FOUND IN THE ATTACHMENT SECTION

## **Attachments**



# STATE OF MISSOURI



**Jason Kander**  
**Secretary of State**

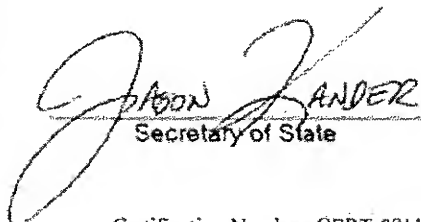
**CORPORATION DIVISION**  
**CERTIFICATE OF GOOD STANDING**

I, JASON KANDER, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

***NURSES FOR NEWBORNS***  
***N00045261***

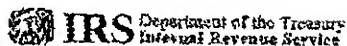
was created under the laws of this State on the 17th day of January, 1992, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 11th day of September, 2015.

  
Secretary of State



Certification Number: CERT-09112015-0061



UGDEN UT 84201-0029

In reply refer to: 4077591934  
Mar. 04, 2015 LTR 4168C 0  
43-1601329 000000 00  
00045885  
BODC: TE

NURSES FOR NEWBORNS  
% MARY LOU MARCH  
7259 LANSDOWNE STE 100  
ST LOUIS MO 63119

73987

Employer Identification Number: 43-1601329  
Person to Contact: Ms. Wiles  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Feb. 02, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in September 1992.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(a) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Requests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website [www.irs.gov/ao](http://www.irs.gov/ao) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

# Attachment 7: Federal Funding Accountability and Transparency Act (FFATA) Data Form

\*See instructions for additional information

Legal Business Name of Entity	Nurses for Newborns				
Doing Business As (if different)	N/A				
Street Address	7259 Lansdowne Avenue Suite 100				
City	St. Louis	State	MO	Zip Code + 4*	63119-3420
DUNS Number*	790714893				
Parent Organization's DUNS Number*	N/A				
Principal Place of Performance*	In homes of families served				
Contact Person's Name / Title	Ron Tompkins, RN, Chief Nursing Officer				
Contact Person Phone Number	314-544-3433				
Contact Person E-Mail	Ron.tompkins@nursesfornewborns.org				

## Executive Compensation Information\*

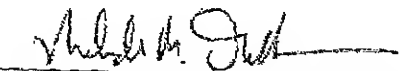
\*Complete this section if required. See instructions for additional information before completing. N/A

List the organization's top five most highly compensated executives for the preceding contractor fiscal year.

Name	Amount
1.	
2.	
3.	
4.	
5.	

## Certification:

I attest the facts stated above are true and correct.



Authorized Representative's Signature

Melinda M. Ohlemiller, MA

Printed Name

Chief Executive Officer

3/23/2016

Title

Date

**Instructions for Completing the FFATA Data Form****Zip Code + 4**

This is the four digit zip code extension available at <http://zip4.usps.com/zip4/welcome.jsp>

**DUNS Number**

Dun & Bradstreet (D&B) provides a D-U-N-S Number, a unique nine digit identification number, for each physical location of your business.

DUNS Number assignment is FREE for all businesses required to register with the US Federal government for contracts or grants. See <http://fedgov.dnb.com/webform>

**Parent Organization's DUNS Number**

Complete if applicable. This is typically used by large organizations with multiple facilities in several locations. The parent organization's number is number assigned to the headquarters for the operation.

**Principal Place of Performance**

Complete if the primary place of performance is different than the address listed above.

**Executive Compensation Information**

Review the following questions to determine whether you are required to report executive compensation information.

1. In your preceding completed fiscal year, did your business or organization receive:
  - a. 80 percent or more of its annual gross revenues from federal procurement contracts (and subcontracts), and federal financial assistance subject to the Transparency Act, as defined in 2 CFR 170.320; and
  - b. \$25,000,000 or more in annual gross revenues from federal procurement contracts (and subcontracts), and federal financial assistance subject to the Transparency Act?

☐ Yes      ☒ No

Note: If the answer to either Question 1a or 1b is "No", your organization's compensation information is not required. Do not complete the Executive Compensation Information section of the FFATA Data Form.

Note: If the answer to both 1a and 1b is "Yes", proceed to Question 2.

2. Does the public have access to the information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 [15 U.S.C. 78M(a), 78o(d)] or section 6104 of the Internal Revenue Code of 1986? (To determine if the public has access to the compensation information, see the U.S. Securities and Exchange Commission's total compensation filings at <http://www.sec.gov/answers/excomp.htm>)

☒ Yes      ☐ No

Note: If the answer to Question # 2 is "Yes", your organization's executive compensation information is not required.

Note: If the answer to Question #2 is "No", you are required to complete the Executive Compensation Information section of the FFATA Data Form.

**Definitions**

"Executive" means officers, managing partners, or any other employees in management positions.

"Total compensation" means the cash and non-cash dollar value earned by the executives during the preceding fiscal year and includes items such as salary, bonuses, stock awards, incentive plans, pension plans, deferred compensation, etc.

Additional information about reporting compensation is available at: [https://www.frs.gov/documents/OMB Guidance on FFATA Subaward and Executive Compensation Reporting 08272010.pdf](https://www.frs.gov/documents/OMB%20Guidance%20on%20FFATA%20Subaward%20and%20Executive%20Compensation%20Reporting%2008272010.pdf)